

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY
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 Phone : (215) 563-8113
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT CHANGE
RESIDENTIAL DIRECT MORTGAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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 TALLAHASSEE, FLORIDA

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EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: RESIDENTIAL DIRECT MORTGAGE, LLC2. (a) Principal office address of limited liability company: 6979 QUEENFERRY CIRCLE(Note: MUST BE STREET ADDRESS)BOCA RATON FL 33498(b) Mailing address of limited liability company: 6979 QUEENFERRY CIRCLE(Note: MAY BE POST OFFICE BOX)BOCA RATON FL 3349802/13/2009

3. Date of filing/registration in Florida

L09000014898

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

GARY DEAR

Registered Office Address:

6979 QUEENFERRY CIRCLE
BOCA RATON FL 33498(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:W. BRADLEY MUNROE, ESQUIRENEW Registered Office Address:239 E. VIRGINIA STREET(Note: MUST BE FLORIDA STREET ADDRESS)TALLAHASSEE FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member:

GARY DEAR

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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