

DOCUMENT# L11000144834

Entity Name: MORTGAGE ARCHITECTS CONSULTING, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number: _____ **FEI Number Applied For (X)** _____ **FEI Number Not Applicable ()** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MASON, TERRI-LYN
Address: 320 TARPON
City-St-Zip: ANNA MARIA, FL 34216

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRI-LYN MASON

MGR

03/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date