CHIEF WALL

## 401000002785

NRAT Services, Inc
2731 Executive Park 1
Suite 4 (Address)
Weston, FL 33331 (dity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECHETARY OF STATE

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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. The name of the limited liability	ty company is:	AMERITRUST M	ORTGAGE COI	MPANY, LLC
2. The mailing address of the lim				
Charlotte, NC 28277				· · · · · · · · · · · · · · · · · · ·
12/10/2001		M01	000002785	
3. Date of filing/registration in Fl	orida	4. D	ocument num	ber
5. The name of the registered ager Florida Department of State:	nt and the registe	ered office addre	ess as shown or	n the records of the
стсо	RPORATION SY	STEM		
		Name		· · · · · ·
1200 Sc	outh Pine Island F	Road		
	A	Address		•
Plantati	on, Fl 33324			
	City, S	tate and Zip		
6. The name and address of the ne	w registered ago	ent and/or office:		06 APR -5 PH 2: U3 SECRETARY OF STATE VALLAHASSEE. FLORIDA
NRAI Se	ervices, Inc.			异 不
<del></del>	N	ame	•	まる ある
2731 Ex	ecutive Park Driv			能 2
Florid	a street address	(P.O. Box NOT	acceptable)	OF ST
Weston		FL 33331		部 5
	City, Sta	ate and Zip		
If the limited liability company is confirmed that after the change or and the business office of the regis liability company, it is hereby con the members of the limited liability the operating agreement of the limited liability that the operating agreement of the limited liability that the operating agreement of the limited liability that the limited liability is a support of a member of authorized laprese (Signature of a member or authorized laprese).	changes are ma stered agent will firmed that the c v company or as	de, the Florida st be identical. On thange(s) was/we s otherwise proving mpany.	treet address o	f the registered office f a Florida limited
John J. Owens (Printed or typed name of signee)	•	<del></del>	• ••	
I hereby accept the appointment of comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or, if this docu address, I hereby confirm that the NRAL STRONG INC.  (Signature of Registered Agent)	<del></del>	ent and agree to to the proper and of my position a led to merely refl company has be	act in this cap d complete per s registered ag lect a change i en notified in	acity. I further agree to formance of my duties, zent as provided for in n the registered office writing of this change.
Division of Con	morations, P.O.	Box 6327, Tall	labassee FL	32314

**FILING FEE: \$25.00**