

FILED

03 APR 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

<div style="border: 1px solid black; padding: 5px;">DOCUMENT # M02000001618</div> <div style="border: 1px solid black; padding: 5px;">1. Entity Name NATIONAL MORTGAGE, LLC</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; margin-top: 10px;">DO NOT WRITE IN THIS SPACE</div>				<div style="text-align: right; font-size: 1.2em; font-weight: bold;">03 APR 30 AM 10:24</div> <div style="text-align: right; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
<div style="border: 1px solid black; padding: 5px;">2. Principal Place of Business 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA</div>		<div style="border: 1px solid black; padding: 5px;">3. Mailing Address 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA</div>		<div style="border: 1px solid black; padding: 5px;">4. FEI Number 61-1408628</div> <div style="border: 1px solid black; padding: 5px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</div>	
DO NOT WRITE IN THIS SPACE					
<div style="border: 1px solid black; padding: 5px;">7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301</div>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328		<div style="border: 1px solid black; padding: 2px; font-weight: bold;">600017561666</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">04/30/03-01051-025 \$50.00</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM W-S MORTGAGE GROUP, LLC 2530 73RD STREET URBANDALE, IA 50322		<div style="border: 1px solid black; padding: 2px; font-weight: bold;">600017561666</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">04/30/03-01051-025 \$50.00</div>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small></div><div>ROBERT SCALLON-AVP</div><div>4/25/03</div><div>515-213-7559</div></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"><div></div><div>Date</div><div>Daytime Phone #</div></div>					

CR2E083B (12/02)