Division of Corporations Public Access System

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: BUSINESS FILINGS

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## REGISTERED AGENT CHANGE

EAST SHORE MORTGAGE, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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AUG-08-2007 15:38

## 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.

agent, or both, in the stat	e of Fiorial.		
1. The name of the limite	ed liability company is	East Shore Mortgage, LL	<u>c</u> .
2. The mailing address o	f the limited liability (	company is :	
115 Samson Rock Dri	ve, Madison, CT 06	443-3034	
9/4/2003 M0300000		M030000029	33
3. Date of filing/registrat	ion in Florida	4. Document nu	mber
5. The name of the registr Florida Department of	State:	istered office address as shown	on the records of the
	NRAI SERVICES	Name	- 0VV
	2731 EXECUTIVE	PARK DRIVE Ste 4	is is
	WESTON, FL 333	Address	AUG AUG
	<u>-</u>	, State and Zip	
6. The name and address	of the new registered	agent and/or office:	
	Business Filings I	ncorporated	AH 00 00 00 00 00 00 00 00 00 00 00 00 00
	1203 Governors S	Name square Blvd Ste. 101	27E 2110N 228
	Florida street addre	ss (P.O. Box NOT acceptable)	
	Taliahassee	FT, 32301-2960	
	City,	State and Zip	•
confirmed that after the c and the business office of liability company, it is he	hange or changes are the registered agent verby confirmed that the dilability company of the limited liability		of the registered office of a Florida limited ed by an affirmative vote of
Scott Berwith, Mana	ger		•
(Printed or typod name of signee			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or. If address, I hereby confirm	iniment as registered is of all statutes relati id accept the obligation this document is being i that the limited liabi	agent and agree to act in this c ve to the proper and complete p ns of my position as registered of filed to merely reflect a chang lity company has been notified	apacity. I further agree to serformance of my duties, agent as provided for in e in the registered office in writing of this change.
(Signature of Registered Agent)		rese Coulthard, Asst Secretary, B	

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

NHS18(10/99)

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