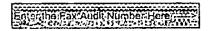
2/06/18 08:14AM PST Registered Agent Solutions, inc> Florida SOS 6176383 Pg.2/4  Plorida Department of State Division of Corporations Electronic Filing Cover Sheet	
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
(((H18000043795 3)))	
H180000437953ABC4*	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  Doing so will generate another cover sheet.	
Division of Corporations Fax Number : (850)617-6383  From:  Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274  **Enter the email address for this business entity to be used for fully annual report mailings. Enter only one email address please.**  Email Address:	
LLC REGISTERED AGENT CHANGE MTH MORTGAGE, LLC	
Certificate of Status	)
Electronic Filing Menu Corporate Filing Menu Help	

02/06/18 08:14AM PST Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 3/4



## COVER LETTER

**TO:** Registration Section Division of Corporations

Division of Corporations		
SUBJECT: MTH MORTGAGE, LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARGOT MULLIN	1	
Name of Person		
Registered Agent Solutions, Inc.	,	
Firm/Company		
1701 Directors Blvd, Suite 300	`	
Address		
Austin, TX 78744	<u> </u>	
City/State and Zip Code	i av	
notices@rasi.com	ı	
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please c	all:	
MARGOT MULLINat (8	705-7274	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, Florida 32314 E	
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

02/06/18 08:14AM PST Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 4/4

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 1. Name of the limited liability company: MTH MORTGAGE, LLC Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OF PICE BOX) (Note: MUST BE STREET ADDRESS) "1800 N. Scottsdale Rd., Suite 3800 8800 E. Raintree Dr., Suite 355 SCOTTSDALE, AZ 85260 SCOTTSDALE, AZ 85251 M05000001322 03/07/2005 Date of filing/registration in Florida Document number 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State; C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Registered Agent Solutions, Inc. **NEW** Registered Office Address: 155 Office Plaza Dr., Suite A Tallahassee 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 lin' ted liability company or as otherwise provided in the articles of organization or the operating agreement of the limited Eability company.

## /s/ PETER MACDONALD

PETER MACDONALD - SECRETARY

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 605, 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 spiting of this change.

Justine Karnell

egistered Agent Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**