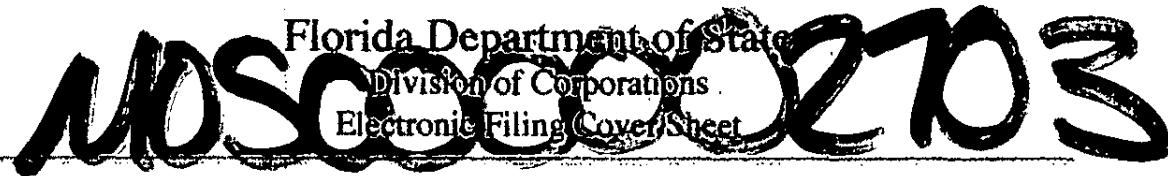


Division of Corporations

4/24/17, 5:28 PM



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.

(((H17000112212 3)))



H170001122123ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AMERICAN MORTGAGE LICENSING
Account Number : I20150000056
Phone : (469)688-8441
Fax Number : (972)587-7479

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: rick@midmtg.com

FILED
17 MAY - 1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
MIDWEST MORTGAGE INVESTMENTS, LTD. CO.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 MAY - 1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 2 2017

H17 000/12212 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDWEST MORTGAGE INVESTMENTS, LTD. CO.

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:

Mike Crouse

Name of Person

American Mortgage Licensing LLC

Firm/Company

805 Country Club Dr

Address

Heath, TX 75032

City/State and Zip Code

rick@midmtg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Crouse

469

688-8441

at ()

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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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17 MAY -1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17 000/12212 3

H17000112212 3

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 Florida.

MIDWEST MORTGAGE INVESTMENTS, LTD. CO.

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5450 Monroe Street

Toledo, OH 43623

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5450 Monroe Street

Toledo, OH 43623

05/16/2005

M05000002703

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Tom Dahar

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

4700 28th Street N.

St. Petersburg

33714

FL

(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

32301

FL

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 limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Richard Deeb

Printed or typed name of signer

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 writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (2/14)

H17000112212 3

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17 MAY - 1 AM 8:37
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