Division of Corporations Electronic Filing Cover Sheet

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(((H14000217297 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092

: (850)878-5368

date of submission 9/16

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

Email Address:

LLC REGISTERED AGENT CHANGE NATTYMAC, LLC

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9/17/2014 2:59:29 PM PAGE 1/001 Fax Server



September 17, 2014

FLORIDA DEPARTMENT OF STATE

NATTYMAC, LLC Division of Corporations
FAX FILINGC T CORPORATION SYSTEM**

STE 200N

ST. PETERSBURG, FL 33701

SUBJECT: NATTYMAC, LLC

REF: M05000004552

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The principle and mailing addresses must be listed in sections 2(a) and 2(b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist FAX Aud. #: H14000217297 Letter Number: 814A00019950

RE-SUBMIT
Plante rate of submission 9/16

P.O BOX 6327 - Tallahassee, Flonda 32314

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NATTYMAC, LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fce(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Tracy Reinholt	
Name of Person	
Stonegate Mortgage Corporation	
Firm/Company	
9091 Priority Way West Dr., Suite 300	
Address	
Indianapolis, IN 46240	
City/State and Zip Code	
tracy.reinbolt@stonegaterntg.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Tracy Reinholt	317 663.5906
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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)	

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.

1. N	ame of the limited liability company: NATTYMAC	, LLC						_
2. (a)	100 Second Avenue South		(ħ)	100	Second Avenu	e South		
2. (6)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5).		Mailing address of lime	ited liability com		-
	Suite 200N		_	Suit	e 200N			_
	St. Petersburg, FL 33701		_	St.	Petersburg,	FL 33701		-
	08/15/2005		М	1050000	004552			_
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.			Document numbe	r		
J. (A.	Registered Agent and Registered Office shown on the records 1201 HAYS STREET	s of the Flor	rida D	ept. of S	State;			
	Registered Office Address MUST BE FLORIDA STRE	ET ADDRE	(2.2.2)					
	TALLAHASSEE	, FL			_		T S	
(b)	C T Corporation System					ELASK.		
	finter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	ered Office	addp	ta:			6 AE	O.3
	NEW Registered Office Address:				···		. Ģ	
	1200 South Pine Island Road					BA	52	
	Plantation	FL_33324	!					
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited and prize by an affirmative vote of the membericles of organization or the operating agreement of	s of the re d liability rs of the l the limite	giste com imite d lia	red off pany, i d liabi bility c	ice and the business it is hereby confirmed lity company or as of ompany.	office of the r d that the char therwise provi	egistered ige(s)	i
Sign	slyc of a member or authorized representative of a member		<i>W</i> :	dra	Printed or typed nam	ne of signee	etary	-
I here provis the obtomer notifie CT CE By:	style of a member or authorized representative of a member or accept the appointment as registered agent and ions of all statutes relative to the proper and compilinations of my position as registered agent as proverly reflect a change in the registered office address of the change in the registered office address of the change in the registered office address of the change in the registered of the registered agent in the registered of the re	agree to d ele perfor ided for it s, I hereby	act ir anan a Ch a con	this concept of the c	apacity. I further ago by duties, and I am fa 105, F.S. Or, if this d at the limited liability IES M. Halpin Istant Secretary	ree to comply willar with a locument is be y company ha	with the id accept ing filed is been	ţ
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Division of Corporations P.O. Box 6327 Tallahassec, FL 32314
PILING FEE: \$25.00