M10000003336

| (Re | equestor's Name) | | | | |
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| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL. | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies | Certificates | of Status | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

RAIRO(Ch8



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 24, 2015

Order#: 584184-112

Re: NYCB MORTGAGE COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: NYCB MORTG | AGE CO | | | | |
|--|---|-----------------------------------|--|---|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing addr | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | Cleveland OH 44114 | _ | | | | |
| | 07/28/2010 | _ | M10000003336 | | | |
| 3. | Date of filing/registration in Florida | 4. | Documen | nt number | | |
| 5. (a | C T CORPORATION SYSTEM | | | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u> 4DDRESS</u> | 2 | | | |
| | PLANTATION , FL | , 33324 | . | 915 15 16 28 18 18 18 18 18 18 18 18 18 18 18 18 18 | | |
| (b) <u>.</u> | Corporation Service Company | | | APR | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ad | dress: | FILEI ARY CAP 28 | | |
| | 1201 Hays Street | | | 교 원유교 보고 | | |
| | NEW Registered Office Address: | | 18 | ARE RANIOS: 2: 49 | | |
| | Tallahanna | | | | | |
| | Tallahassee , FL | , 32301 | | | | |
| the chagent was/v | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regiability confithe linited | stered office and the bompany, it is hereby conted liability companyliability company. | business office of the registered confirmed that the change(s) y or as otherwise provided in | | |
| Sian | ature of member or authorized representative of a member | Dor | na Priebe, Authorized | typed name of signee | | |
| I here provis the ol to me notific | eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. The of Registered Agent Corporation Service Company | perform d for in t hereby c | t in this capacity. I fu | orther agree to comply with the d I am familiar with and accept i, if this document is being filed d liability company has been | | |

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