M11000001559

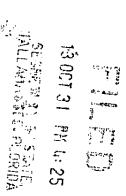
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2013

JOHN RILEY 13430 PARKER COMMONS BLVD UNIT 103 FT MYERS, FL 33912

SUBJECT: THE MORTGAGE WAREHOUSE, LLC

Ref. Number: M11000001559

We have received your document for THE MORTGAGE WAREHOUSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 613A00024731

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	ent Section of Corporations	•
SUBJECT:	The Mortgage Warehouse, LLC Name of Corpo	pration
DOCUMENT N	UMBER: M11000001559	
The enclosed Sta	tement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	John S. Riley Name of Contac	t Person
	The Mortgage Warehouse, LLC Firm/Compa	any
	13430 Parker Commons Blvd., U	nit 103
	Address	
	Fort Myers, FL 33912	
	City/State and Z	ip Code 등 기 이 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
scott@mortgagewarehouse.com		
	E-mail address: (to be used for futur	e annual report notification)
For further inform	mation concerning this matter, please call:	100m 100m
John S. Rile	y ame of Contact Person	t (239) 672-8500 Area Code & Daytime Telephone Number
N	ame of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35	5.00 check made payable to the Departmen	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
	1 ananassou, FL 32314	2001 Executive Collet Clicie

Tallahassee, FL 32301

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 voin, in the State of Florida.	
1. Name of the limited liability company: The Management	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 2011 Lake Point Way # 101 LOWISVIlle, KY 46223
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	i3430 Parker Commons Blvd. unit 103 Fort Myers, FL 33912
03 25 2011 3. Date of filing/registration in Florida	MIIDDODO 1559
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Ave.
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:
NEW Registered Agent:	John S. Riley
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Fort Myers SEL 33912
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a number or authorized representative of a member	ical. Or in the case of a Florida limited
John S. Riley Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office o 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
