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To:

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 future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE MORTGAGE UNLIMITED, L.L.C.

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COVER LETTER

TO: Registration Section

Division of Corporations

15129570210

_{r:} MORTGAGE UNLIMITED, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

INHS18 (2/14)

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest P	kwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual For further information concerning this matter, ple Joshua Murphy	
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 am	ount;
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

I. Na	nme of the limited liability company: MORTG	GAGE UNLIMITE	D, L.L.C.		
2. (a)	222 OUTWATER LANE STE 4B	(b) 222 OU	(b) 222 OUTWATER LANE STE 4B Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) GARFIELD, NJ 07026		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) GARFIELD, NJ 07026	M			
	9/24/2014	M14000	006915		
3.	Date of filing/registration in Florida	4 , [Document number	Γ	
5. (a)	BLUMBERGEXCELSIOR CORPORATE	SERVICES, INC.			
J. (u)	Registered Agent and Registered Office shown on the record				
	Registered Office Address (MUST BE FLORIDA STRE				
	TALLAHASSEE, Registered Agent Solutions, Inc.	, FL 32301		Fil. 2022 JUL 13	
(b)	Enter name of NEW Registered Agent and/or NEW Regist				
	155 Office Plaza Dr.			3 PM	
	NEW Registered Office Address:			ု ့ ယူ	
	Suite A			64	
	Tallahassee	. FL 32301			
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	is of the registered office and liability company, it is ers of the limited liability	and the business of hereby confirmed company or as of	office of the registered d that the change(s)	
s/ Ju	ustin Tagliareni	Justin Tagliar	eni M	1ember	
	ature of a member or authorized representative of a member		Printed or typed name	·	
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proved reflect a change in the registered office address d in writing of this change.	lete performance of my d vided for in Chapter 605, s, I hereby confirm that t	utues and Lam la	imiliar with and accept	
Signate	Mackenzie Hart, Asst. Secretary	y			