## FLORIDA COMPLIANCE SPECIALISTS, INC. DAVE TAYLOR, PRESIDENT Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known)? (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 400005506264--6 -05/13/02--01044--031 (Corporation Name) (Document #) \*\*\*\*\*\*25.00 \*\*\*\*\*\*25.00 Walk in Pick up time Certified Copy Mail out Will wait Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION **QUALIFICATION** Annual Report r'oreign Fictitious Name Limited Partnership Name Reservation Reinstalement/// Trädemark

Examiner's Initials

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CR2E031(1/95)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

The state of the s
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.
1. The name of the limited liability company is: Mortgage House of America.
2. The mailing address of the limited liability company is: 7265 Kenwood Rd., Ste.
Cincinnati, OH 45236
314 199 M99 000000 315
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Florida Compliance Specialists, Incario
Florida Department of State:  Florida Compliance Specialists, Inchi IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Tallahassee FL 32301 PST 22 25 25 25 25 25 25 25 25 25 25 25 25
6. The name and address of the new registered agent and/or office:
Florida Compliance Specialists, Inc.
2331 Hansen Place
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip
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 appresentative of a member)
Daniel N. Keuting
(Printed or typed name of signee)  Live the general as registered agent and agree to act in this capacity. I further agree to
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 608, 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(10/99)