

M99UWU203:

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

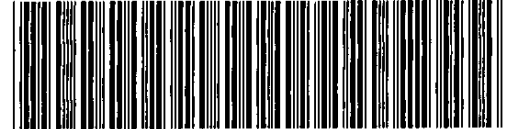
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JAN - 3 2012

EXAMINER



500215096125

12 JAN - 3 AM 10:50
DEPARTMENT OF STATE

12 JAN - 3 PM 12:59



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 040772 7862494

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

12 JAN -

ORDER DATE : December 28, 2011

ORDER TIME : 4:28 PM

ORDER NO. : 040772-035

CUSTOMER NO: 7862494

CHANGE OF AGENT

NAME: TOTAL MORTGAGE SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS: _____

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.

1. Name of the limited liability company: TOTAL MORTGAGE SERVICES, L.L.C.
2. (a) Principal office address of limited liability company: 326 West Main Street
(Note: MUST BE STREET ADDRESS) Suite 105
Milford CT 06460
- (b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX) _____

- 12/20/1999 M99000002037
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: NRAI Services, Inc.
- Registered Office Address: 515 E. Park Avenue
Tallahassee FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: Corporation Service Company
- NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Maureen Cathell
(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
(Printed or typed name of signee)

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 61 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.

By: Sylvia Queppet
(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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