

PO 10000 58790

(Requestor's Name)

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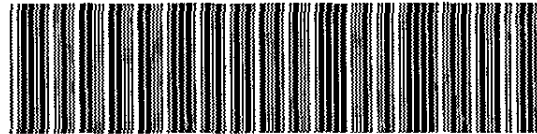
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ra  
Change



26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079

Fax: 1-818-879-8005 Email: info@mycorporation.com

July 7, 2006

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE:  
FORECLOSURE MANAGEMENT SERVICE, INC.**

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Agent/Office for the above-referenced entity.

Also enclosed is a check in the amount of **\$35.00** as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Tracy Newman – POST-FORMATION FILINGS  
My Corporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, California 91302

**ANY QUESTIONS REGARDING THIS FILING: PLEASE CONTACT TRACY  
NEWMAN AT 888-692-6771 x 60134.**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Foreclosure Management Service, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000058790

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Newman

(Name of Contact Person)

MyCorporation.com

(Firm/Company)

26520 Agoura Rd.

(Address)

Calabasas, California 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY NEWMAN-MYCORPORATION.COM at ( 818 ) 879-9079

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Foreclosure Management Service, Inc.
2. The principal office address: 12865 W Dixie Hwy, Miami, Florida 33161
3. The mailing address (if different): P.O. Box 80-0225, Aventura, Florida 33280
4. Date of incorporation/qualification: 06/11/2001 Document number: P01000058790
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Richard Macier

12865 W. Dixie Hwy

MIAMI, FLORIDA 33161

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DR., SUITE 4

(P.O. Box NOT acceptable)

WESTON, FLORIDA 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

RICHARD MACIER, PRESIDENT

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

LISA BEGG, ASST. SECRETARY

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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