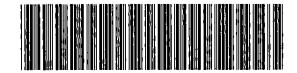
P0200068639

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Ame

Amendment Section Division of Corporations

SUBJECT: THE MORTGAGE SERVICES INC

Name of Corporation

DOCUMENT NUMBER

P02000068639

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:

ANN MARIE GREENLAND

Name of Contact Person

THE MORTGAGE SERVICES INC

Firm/Company

1882 N. UNIVERSITY DRIVE

Address

PLANTATION, FL 33322

City/State and Zip Code

ANNG@THEMORTGAGESERVICESINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN MARIE GREENLAND

.,954

727-2047

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2012

ANN MARIE GREENLAND 1882 N UNIVERSITY DR. PLANTATION, FL 33322

SUBJECT: THE MORTGAGE SERVICES, INC.

Ref. Number: P02000068639

We have received your document for THE MORTGAGE SERVICES, INC. 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return 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) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 912A00027943

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

Pursuant to the provisions of sections 607.0502, 6		
statement of change is submitted for a corporation		
in order to change its registered office or		131°
1. The name of the corporation: THE MORTG	AGE SERVICES INCORPO	RATED
2. The principal office address: 1882 N. UNIV	ERSITY DRIVE, PLANTATI	ON,
FLORIDA 33322		9
3. The mailing address (if different): PO BOX 1	15006,	Page 1
PLANTATION, FL 33318		59 30
4. Date of incorporation/qualification: 06/21/20	Document number: P02	0000€86₹9
5. The name and street address of the current regist Florida Department of State: (If resigned, enter the current regist)	tered agent and registered office on file	e with the
Wir Ware	greenuura	_
1876 N. UNIVERSITY D	R, SUITE 307 C	
PLANTATION, FL 33322	2	<u> </u>
6. The name and street address of the new registere (if changed): 1882 N. UNIVERSITY D P.O. B PLANTATION FL 33322	PRIVE Box NOT acceptable	l office —-
The street address of its registered office and the as changed will be identical.		f its registered agent,
Such change was authorized by resolution duly acauthorized by the board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	an officer so
Signature of an officer or differen	ANN MARIE GREENI Printed or typed name an	
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby sonfirm that the corporation has been not	ent and agree to act in this capacity, all statutes relative to the proper and c and accept the obligation of my posit to reflect a change in the registered o tified in writing of this change.	complete tion as registered ffice address, I
MWS	11/15/2012	
If signing on behalf of an entity:	Date	
ANN MARIE GREENLAND		
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)

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