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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cross Country Mortgage Group, Inc. (Name of corporation)
DOCUMENT NUMBER: P03000052860
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:
H. Russell Neff (Name of contact person)
Cross Country Mortgage Group, Inc. (Firm/Company)
503 Fifth Ave. Ste 201 (Address)
Indialantic, FL 32903 (City/state and zip code)
For further information concerning this matter, please call:
H. Russell Neff at (321) 728-4600 (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 P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation orger to change its registered office or reg	ganized under the laws of the State of	Florida
1. The name of	the corporation: Cross Country Mortg	age Group, Inc.	
	l office address: 503 Fifth Ave. Ste. 20		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 5/9/2003	Document number: P03000)052860
	d street address of the current registere rtment of State;	ed agent and registered office on file w	vith the
	H. Russell Neff		
	5920 S Highway A1A ste 202		_
	Melbourne Beach, FL 32951		05 ر ۱ مدار
6. The name and (if changed):	d street address of the new registered a	ngent (if changed) and /or registered o	SSE NY
	H. Russell Neff		
	503 Fifth Ave. Ste 201		0:30 - ORAH
	(P.O. Box NOT accept	able)	OF 6
	Indialantic, FL 32903		
The street address changed will	ess of its registered office and the str l be identical.	eet address of the business office of	its registered agent,
Such change was authorized by the	as authorized by resolution duly ador the board, or the corporation has been	pted by its board of directors or by a i notified in writing of the change.	n officer so
N. Th	WOLL June of an officer for direction	H. T. USFUL M.C. (Printed or typed name and	d title)
I hereby accept I further agree of my duties, ar document is bet corporation ha	the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ing filed merely to reflect a change in s been notified in wifing of this chan	t and agree to act in this capacity, statutes relative to the proper and co obligation of my position as register of the registered office address, I here age.	emplete performance red agent. Or, if this reby confirm that the
1.1/	well In	8/5/05	
	gnature of Register (1 Agent)	(Date)	
11 signing on be	ehalf of an entity:		
(Typed or Printed Name)	_ *sata. *	

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

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