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EXAMINER

CSC 1201 Hays Street Tallahassee, FL 32301 (800) 927-9801

ACCOUNT NO. : I2000000195 REFERENCE: 093974 7867494 AUTHORIZATION :: COST LIMIT ORDER DATE: February 13, 2012 ORDER TIME: 10:36 AM ORDER NO. : 093974-128 CUSTOMER NO: 7867494 CHANGE OF AGENT ROUNDPOINT MORTGAGE SERVICING NAME: CORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes ized under the laws of the State of Florida red agent, or both, in the State of Florida.	a	_	
1. The name of t	the corporation: ROUNDPOINT MOR	TGAGE SERVICING CORPORAT	ION		
2. The principal	office address:				
	Plaza, 5032 Parkway Plaza Blvd., Su				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/24/2007	Document number: P0700010629	1		
	d street address of the current registered agument of State:	gent and registered office on file with the			
	NRAI Services, Inc.				
	2731 Executive Park Dr., Suite 4				
	Weston FL 33331				
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	SEURLIAMÉ U TALLAHASSEE.	12 FEB I 4 PM	
	Corporation Service Company		188) 188)	<u>_</u>	į
	1201 Hays Street		med med	PH	1
1201 Hays Street (P.O. Box NOT acceptable)			STA LOR	ၾ 2	
	Tallahassee, FL 32301			0	
The street addre	ess of its registered office and the street a be identical.	address of the business office of its regis	tered ager	nt,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an office tified in writing of the change.	r so		
	eren alhell	Maureen Cathell, Vice President		_	
I hereby accept I further agree to of my duties, an document is bei corporation has Corporatio	the appointment as registered agent and	(Printed or typed name and title) If agree to act in this capacity, ttes relative to the proper and complete p gation of my position as registered agen by registered office address, I hereby conf	verformar t. Or, if to irm that to	ıce his he	
By: Signature	gnature of Registered Agent)	02/09/2012 (Date)		_	
	half of an entity:	(2.00)			
Sylvia Queppo	et, Asst. VP				
<u>l')</u>	Typed or Printed Name)				

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