2000	UNIFORM BUSH	TO SEALOR	UBF	R) /
DOCUI	MENT # P98000	059/25		/]
NORID RESIDENTIAL MORTGASE, INC.				EILED .
Principal Place	e of Business	Mailing Address - 5	ame	00 AUG 14 PH 12: 08
Principal Place of Business 1701 W. Hillsboro BIVD 501+E#307				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Deerfield Beach, Florida 33442				
2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State City & State				4. FEI Number
Deer	1, -	Zip	Country	Not Applicable 5. Cartificate of Status Decired \$8.75 Additional
3344_	6. Name and Address of Current Reg	istered Agent		Certificate of Status Desired Fee Required Name and Address of New Registered Agent
Che	OLES HUNGETT		Name	JAMES PARAGNO
1/12	2 51017th	treet	Street A	1701 W. Hillsboro Bum # 307
Boo	ca Raton, FI	33486	-61	MANY Decerficie Beach, the 33442
			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE				
Signature, typed or photecolame of registered agent and title if applicable. (NOTE/ Registered Agent signature required when reinstatung) 9. This corporation is eligible to satisfy its Intangrible FILE NOW!!! FEE:IS:\$150.00 10. Election Campaign Financing.				
9. This corporation is eligible to satisfy its inlaughble Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Added to Fees Added to Fees				
11.	OFFICERS AND DIR		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President Change Addition 3
TITLE NAME	fres. Chales Hunter #	Delete	NAME	James G. Papagno
STREET ADDRESS CITY-ST-ZIP	1430 SW, 2PH ST	36	STREET ADDRESS CITY-ST-ZIP	Ocernic /d Seach (3344) Change Addition
TITLE NAME STREET ADDRESS	TAMES 6. PAPAGNO 67114 ELOWSTONE CN PARICHAND, KL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	Change Addition Change Addition Change Addition Company Change Chan
CITY-ST-ZIP		Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	-		STREET ADDRESS CITY-ST-ZIP	18
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: X SHOWNED WAS OFFICER OR DIRECTOR Date Dayline Phone II				