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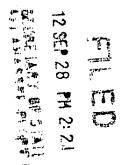
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| Certified Copies | Certificates | s of Status |
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DC

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. United Mortgage Affiliates, Inc.

Name of Corporation

DOCUMENT NUMBER: P9

P99000023450

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:

Leonard Vandermast III

Name of Contact Person

United Mortgage Affiliates, Inc.

Firm/Company

429 Apollo Beach Blvd

Address

Apollo Beach, FI 33572

City/State and Zip Code

Ivandermast@ussa1.com

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

For further information concerning this matter, please call:

Leonard Vandermast III

813 (645-4588

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of Flori | da | <u> </u> | |
|--|--|---|----------|---------------|
| | er to change its registered office or registered agent, or both, in the State of Flori | da. | | |
| | the corporation: United Mortgage Affiliates, Inc. 429 Apollo Beach Blvd | | | |
| 2. The principal | each, FL 33572 | | | |
| <u></u> | | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorporation/qualification: 03/09/1999 Document number: P99000 | | |) | |
| | d street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned) | he | | |
| | Leonard Vandermast III | | | |
| 6213 Marbella Blvd | | | | |
| | Apollo Beach, FL 33572 | | 2 SEP | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 28 開 | memi garan |
| Leonard Vandermast III | | - 16 - 17 - 17 - 17 - 17 - 17 - 17 - 17 | جَ | |
| 429 Apollo Beach Blvd | | *** | 2.1 | |
| | P.O. Box NOT acceptable | | | |
| | Apollo Beach, FL 33572 | | | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered. | gistered | l agent | , |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change. | cer so | | |
| Leona | Ward IR Leonard Vandermast III | | | |
| I hereby accept I further agree performance of agent. Or, if th | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as his document is being filed merely to reflect a change in the registered office act that the corporation has been notified in writing of this change. Leonard Vandermast III | te registe ldress, | red I | |
| If signing on be | chalf of an entity: | | | |
| | tgage Affiliates, Inc. | | | |
| | yped or Printed Name | | | |

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

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