

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : HODGSON RUSS LLP Account Number: 072720000242 Phone

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## REGISTERED AGENT CHANGE

TRANS-ACT MORTGAGE, INC.

Certificate of Status	0
Certified Copy	1
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3/11/02

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: TRANS-ACT MORTGAGE, INC.
2. The mailing address of the corporation: 11555 HERON BAY BLVD: SUITE 301
CORAL SPRINGS, FL 33076
3. Date of incorporation/qualification: 09/15/99 Document number: P99000081701
4. The name and address of the current registered agent and office:
JOHN S. MONROE
11575 HERON BAY BLVD., #300
CORAL SPRINGS, FL 33076
CORAL SPRINGS, FL 33076  5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
HRAWG CORP.
1801 N. MILITARY TRAIL, SUITE 200
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
3/8/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
JOHN S. MONROE, PRESIDENT
(Printed or typed name and title)  Having been named as registered agent and to accept service of process for the above stated
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
registered age (1)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
LARRY CORMAN PRESIDENT
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * * H02000053765 2

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TALLAHASSEE, FL 32314