

F0600000 7106

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
11 JAN 26 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
A & N MORTGAGE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

11 JAN 26 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED

Handwritten signature and date: 1/26/11 TC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A&N Mortgage Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F06000007106

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:

Danielle Veltri  
Name of Contact Person

A & N MORTGAGE SERVICES, INC.  
Firm/Company

1945 North Elston Avenue  
Address

Chicago, IL - 60642-1219  
City/State and Zip Code

dveltri@AandNmortgage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Veltri at ( 773 ) 305-7004  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A&N Mortgage Services, Inc.
2. The principal office address: 1945 North Elston Avenue, Chicago, IL 60642-1219
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/13/2006 Document number: F06000007106
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE FL 33470 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

11 JAN 26 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, or the corporation has been notified in writing of the change.

Neena Vlamis Signature of an officer or director  
Neena Vlamis, President Printed or typed name and title

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 agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System  
By: James M. Halpin Signature of Registered Agent  
01/25/2011 Date

If signing on behalf of an entity:  
James M. Halpin  
Assistant Secretary  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)