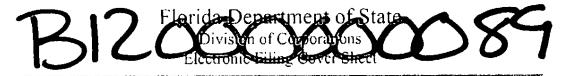
8/19/22, 3:09 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: \_

## REGISTERED AGENT CHANGE HIGHLANDS RESIDENTIAL MORTGAGE, LTD.

Certificate of Status	U
Certified Copy	i 0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu — Corporate Filing Menu

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## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	HIGHLANDS RESIDENTI	AL MORTGAC	iE, LTD.		
Nar	ne of Limited Partnership or Limit	ed Liability Lin	ited Partnersh	ip	
2.	05/09/2012	3	B120000		
Date of filing/	registration in Florida	<u> </u>	lorida docume	ent number	
4. The name of the rep Department of State:	gistered agent and the registered of	fice address as:	shown on the re	ecords of the Florida	
	CORPORATION SERV	ACE COMPAN	lΥ		
	Name				
	1201 HAYS S	TREET			
	Addres	s			
	TALLAHASSEE, F	1, 32301-2525			
	City, State a		<del></del>		
5. The name and Flori	da street address of the new regist	ered agent and/	vr office:		
	C T Corporation	n System		T.: 2	
	Name		-	O22 AUG Secret Aut aug	
	1200 South Pine I	sland Road		<u>설립</u>	כ
	Florida street address (P.O	Box not accept	able)	55 <b>6</b>	—————————————————————————————————————
	Plantation,	121	33324	1.4.	
	City, State a	nd Zip		<b>□</b>	
6. Such change(s) is/a	re effective when filed by the Flor	•	of State.	14 06 03 14 15 03 16 06	C
/s/ Brian Bennett					
Signature of General F	artner				
	TEX LENDING GP, INC., Gen Pu				
	pointment as registered agent and ions of all statutes relative to the p				
	an accept the obligations of my pe			nee of my connes,	
L. 80 5	bP.	•	`		
Signature of Registers	V Avent				
•	Assistant Secretary				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50