F15000003052

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
_		
(City,	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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2018 MAY 15 PM 2: 45
SECRETARY OF STATE

C. GOLDEN MAY 1 6 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: May 11, 2018

Order#: 194550-009

Re: LENDINGHOME FUNDING CORPORATION

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of 2 or registered agent, or both, in the State of	CDE	
1. The name of	the corporation: LENDINGHOM	ME FUNDING CORPORATION		
	l office address: omery Street 15th Floor SAN FF	RANCISCO CA 94104		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 07/13/2	015 Document number: F15000	0003052	
	d street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file v ter resigned)	with the	
	PARACORP INCORPORATE	ĒĐ	20) 7al	
	155 OFFICE PLAZA DRIVE -	1ST FLOOR	FIL 2018 MAY 15 SECRETARY ALLAHASSE	
	TALLAHASSEE	FL 32301	HAY 15	
6. The name an (if changed):		stered agent (if changed) and /or registered o	PM 2: 45 OF STATE E. FEGRIDA	
	Corporation Service Compan	<u> </u>	-	
	P.O. Box. NOT acceptable			
	Tallahassee	FL 32301	_	
The street addr	ress of its registered office and I be identical.	the street address of the business office of	its registered agent,	
Such change wauthorized by t	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by ar is been notified in writing of the change.	officer so	
Sin 6.	Cani	Jill Cilmi, Vice President		
I hereby accept further agree performance of agent. Or, if the hereby confirm	ute of an officer or director I the appointment as registerea to comply with the provisions I my duties, and I am familiar v is document is being filed mer	Printed or typed name and the agent and agree to act in this capacity. If agent and agree to act in this capacity, and statutes relative to the proper and convit and accept the obligation of my position of the registered offinotified in writing of this change.	molete	
	ware tokuble	05/10/2018		
Śŋ	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
Grace E. Kirby	, Assistant Vice President			
1	Typed or Printed Name			

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