F22000000367

(Re	equestor's Name)	
(Ad	idress)	
		• • • • • • • • • • • • • • • • • • • •
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	·
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A. BUTLER NOV 16 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/15/2022	
Name:		<u></u>
	#:1834291	
Entity Nam	ne:HOUSE	OF LENDING, INC.
☐ Artic	cles of Incorporation/Authorizati	on to Transact Business
Ame	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized Signature:	1 Amount: \$35.00	<u>.</u>

+44 (0)20.3961.3080



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/15/2022	
Name:		_
Reference	e #1834291	_
	me: HOUSE OI	ELENDING, INC.
☐ Art	icles of Incorporation/Authorization	to Transact Business
Am	nendment	
√ Ch	ange of Agent	
Re	instatement	
Co	nversion	
☐ Me	erger	
☐ Dis	ssolution/Withdrawal	
Fic	ctitious Name	
☐ Oth	her	
Authorize Signature	d Amount: \$35.00	

F: 800.944.6607

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

statement of cha	provisions of sections 60. inge is submitted for a coar ir to change its registered	rporation organized	l under the law	vs of the State	of Michigan	
1. The name of	the corporation:		House of Le	ending, Inc.		
	ncipal office address: 2207 Crooks Rd.					
	Troy Michigan			48084		
3. The mailing a	nddress (if different):					
4. Date of incor	poration/qualification:	12/13/2021	_ Document r	number:	F22000000367	
	d street address of the cur rtment of State: (If resign		t and registere	d office on fil	e with the	
		InCorp Services	s, Inc.			
	1	7888 67th Cour	t North			
	Loxahatchee	Florida		33470		
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and	d/or registere		
	CC	OGENCY GLOB	AL INC.		AON 2202	1
	115 N	orth Calh <u>oun St</u>		1		•
	Tallahas	P.O. Box NOT acco	Florida	32301	□ □ □ □	
as changed will	ess of its registered office	e and the street add	ress of the bu	siness office o	ω	ن
	A-		Anthony A	Alrihani	Owner	
I hereby accept I further agree performance of agent. Or, if th	the appointment as regi- the appointment as regi- to comply with the provid- my duties, and I am fam is document is being file- that the corporation has	sions of all statutes iliar with and acce d merely to reflect	Printe gree to act in the relative to the pt the obligation a change in the	d or typed name as this capacity, e proper and ion of my posi we registered (complete ition as registered	
/s/ Michael C	Carlisle			Nov. 15, 20)22	
	nature of Registered Agent			Date	-	
If signing on be	chalf of an entity:					
Michael Ca	ırlisle, Assistant Secr	etary				
·i·	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 * * *