L21000 368322

(Requestor's Name)							
(Address)							
(131,335)							
(Address)							
(City/State/Zip/Phone #)							
(,,,,							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(,,							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							

Office Use Only



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LALBRITTON

COVER LETTER

	istration Section ision of Corporations							
SUBJECT:	Secured American Lending, LLC							
	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.					
Please return	n all correspondence concernin	ng this matter to the	following:					
Anthony Geo	orge							
	Name of Person							
Secured Ame	erican Lending, LLC							
	Firm/Company							
3349 Michels	on Drive, Suite 200							
	Address		_					
Irvine, CA, 9	2612							
	City/State and Zip Co	de	<u> </u>					
operations@s	ecuredamericanlending.com							
E-mail	address: (to be used for future	annual report notif	ication)					
For further in	nformation concerning this ma	itter, please call:						
Anthony Geo	rge	949 at (889-2177					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Encl	osed is a check for the follow	ving amount:						
€ \$2	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy					
INHS18 (2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Same of the limited liability company: Secured America	an Lendin	g, LLC				
2. (a)							
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		~) <u></u>	Mailing address of limit (Note: MAY BE PO.			y:
	3349 Michelson Drive, STE 200		3349 Mic	helson Drive, STE 200			
	Irvine, CA, 92612		Irvine, C/	N, 9 2 612			
	08/17/2021		L21000368	322			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)						
J. (L	Registered Agent and Registered Office shown on the records o Spencer E Feist	f the Florid	a Dept. of Sta	ie:			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u></u>	_			
	152 Greenmoor					20	
	Irvine	92614	92614			2022 AUG	
	Irvine, F	L	<u> </u>	_			
(b)					30	-^-
(**	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ag	ldress:	-		E.	
	Registered Agents, Inc				•	-:-	
	NEW Registered Office Address:			_	•	ယ	
	7901 4th St N, STE 4000			_			
	St. Petersburg	L 33702					
chang agent was/v the ar Sigr I her provi the of to me notification.	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member seby accept the appointment as registered agent and against of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	e register iability co of the lin e limited Ant	ed office ar ompany, it i nited liabilit liability cor hony George	nd the business office is hereby confirmed ty company or as off in pany. Printed or typed name	e of the that the herwise	registere change(s provided	ed s) I in
Signa	ture of Registered Agent						