

NO3000003639

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : UNITED AGENT GROUP INC.
Account Number : I20160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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

Email Address: _____

2020 NOV 13 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 NOV 13 PM 12:02

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECIALIZED LOAN SERVICING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: SPECIALIZED LOAN SERVICING LLC

Enter new principal office address, if applicable: 6200 S. Quebec St
Greenwood Village, CO 80111
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 6200 S. Quebec St
Greenwood Village, CO 80111
(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

3. Jurisdiction of its organization: MO3000003639

4. Date authorized to do business in Florida: 10/31/2003

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "L.I.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "L.I.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WELLS, TOBY E	8742 LUCENT BLVD. SUITE 300	<input type="checkbox"/> Add
		HIGHLANDS RANCH, CO 80129	<input checked="" type="checkbox"/> Remove
MGR	WELLS, TOBY E	6200 S. Quebec St	<input checked="" type="checkbox"/> Add
		Greenwood Village, CO 80111	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Lauren Underwood
Signature of the authorized representative

Lauren Underwood, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00