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-			
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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12/17/09--01028--021 **55.00



M. THOMAS

DEC 18 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Home Servicing, L. Name of Dimited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Teavis GARAJEE Name of Person	Change and fee(s) are submitted for filing. atter to the following:
Home Servicing, LLC	- Continue to the second secon
5641 United Plaza Blud Suite :	3 <i>0</i> 2
Bakin Rouge, LA 70809 Kity/State and Zip Code	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, plea	ase call:
A at (561) 414-4189
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	iring, LLL	
2. (a) Principal office address of limited liability company:	8641 United P	YATA BIVD
(Note: MUST BE STREET ADDRESS)	Suito 302	<u> </u>
(b) Mailing address of limited liability company:	\$641 United Pla	rea Blup
(Note: MAY BE POST OFFICE BOX)	Suite 302 Baken Raye, LA 70	1809
1/31/2016	1106010000276	
3. Date of filing/registration in Florida 4	l. Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept	. of State:
Registered Agent:	Rosenthal, Mrn Eu ?	S 3 - 1
Registered Office Address:	2525 Ponce DE Leon B MAMI, FI 33134 US	00 2040 AO
		FIG. I
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address	1: 50
NEW Registered Agent:	CT Corporation System	<u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Isla	nd Roan
	Plantation	FL 33324
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fleand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member of puthorized representative of a member	orida street address of the reg cal. Or, in the case of a Floric was/were authorized by an af wise provided in the articles o	istered office da limited Tirmative vote
Term Grane		
Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I per and complete performani ition as registered agent as p ely reflect a change in the rej has been notified in writing o	further agree to ce of my duties, rovided for in gistered office of this change
Havard Volz Signature of Registered Agent		<i>e</i>
Asst. Secretary	77 Tallahassas El 20214)년 31:
Division of Corporations, P.O. Box 632 FILING FEE: \$2	-	.,345

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