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(Reque	stor's Name)				
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(Document Number)					
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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	Name of the limited liability company: Lenderlive Settle	ement Se	rvices, LLC	
2. (a)	999 Tech Row	(b)	999 Tech Row	
` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited (Note: MAY BE POS	
	Suite 200	_	Suite 200	
	Madison Heights MI 48071		Madison heights, MI 48071	
_	11/17/2006		M06000006420	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	C T Corporation System			
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		
	Plantation , FL_	33324		
/h	Corporation Service Company			5
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	3
				<u> </u>
	1201 Hays Street		4.	4.
	NEW Registered Office Address:			19
			<u> </u>	:
				မ
	Tallahassee , FL	32301		
the chagent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the approximation agreement of the I	the regist bility cor the limi imited li	ered office and the business of mpany, it is hereby confirmed to ted liability company or as othe ability company.	fice of the registered hat the change(s)
Sion	ature of a member or authorized representative of a member	Dona	a Priebe, Authorized Person Printed or typed name of	A cianoa
I her provi. the ol to me notific	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change of this change	performa! for in C. ereby co	in this capacity. I further agree	e to comply with the iliar with and accept cument is being filed company has been

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1.	Na	me of the limited liability company: Lenderlive Settle	ment Se	ervices, LLC	
2	(a)	999 Tech Row	(b)	999 Tech Row	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability (Note: MAY BE POST OFFICE	
		Suite 200	_	Suite 200	
		Madison Heights MI 48071	_	Madison heights, MI 48071	·
		11/17/2006	_	M06000006420	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(0)	C T Corporation System			
٥.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	a Dept. of State:	
				·	
		1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET A	DD D E CCI		
		Registered Office Address Mad 1 the Teacher STREET AT	<u>DDRESS)</u>	u.	
				<u> </u>	
		Plantation , FL	33324	 	
		, , , , , , , , , , , , , , , , , , , ,			
	(b)	Corporation Service Company			A D
	` '	Enter name of NEW Registered Agent and/or NEW Registered C	Office add		יי ס
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		1201 Hays Street			-
		NEW Registered Office Address:			9 () () () () () () () () () (
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		Tallahassee FI	20204	3:	O
		<u>rananassee</u> , FL_	32301	Name - 1 & - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
the ag wa	e cha ent w as/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of cles of organization or the companies and the liable street.	he regist bility con the limi imited li	stered office and the business office of the ompany, it is hereby confirmed that the conted liability company or as otherwise process.	ne registered hange(s)
_	Signat	ure o the mber or authorized representative of a member	2011	Printed or typed name of signee	
pr the to no	ovisie e obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. The of Registered Agent Corporation Service Company	performa for in C ereby co	ance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document is onfirm that the limited liability company	h and accept being filed has been



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 12, 2016

Order#: 083969-006

Re: LENDERLIVE SETTLEMENT SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

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