MOTOGOGGESIL

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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MAY 05 2016 J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 2, 2016

Order#: 096256-025

Re: FIRST ALLIANCE HOME MORTGAGE, 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: Ami Casper

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.

QUCA.XCOA

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.	Na	me of the limited liability company: FIRST ALLIANC	Е НОМ	E MORTG	AGE, LLC
2.	(a)	1480 Route 9 N, Suite 302	(b)	
	• • • • • • • • • • • • • • • • • • • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		(NOIS INCOLUES /			Nate: MAT BE FOST OFFICE BULY
		Woodbridge, NJ 07095	_		
		11/01/2007		M070000	006516
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Blumbergexcelsior Corporate Services, Inc.			
	` '	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Sta	te:
		155 Office Plaza Drive, 1st Floor			že.
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		16 M	
		Tallahassee , FL	32301		- 1
	/h\	Corporation Service Company			Po B To
	(b)	Enter name of NEW Registered Agent and/or NEW Registered 1	Office add	dress:	
		1201 Hays Street			3
		NEW Registered Office Address:	11111111		-
					_
		Tallahassee , FL	32301		_
the age was	char int w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	the regis bility co f the lim	stered offic impany, it ited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
				Sam	Khal: Authorized Person
		are of a number or authorized representative of a member	***************************************	**************************************	Printed or typed name of signee
mn	унеа	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h 'in writing of this change.	ee to act performa I for in C ereby co	in this cap ance of my hapter 60 mfirm that	owity. I further agree to comply with the eduties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		e of Regultered Agent Corporation Service Company			
Sig	natur	e of Regultered Agent Corporation Service Company	BY: S	ylvia Quo	eppet, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00