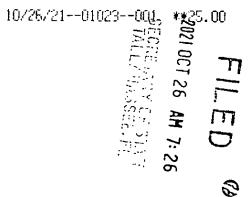
M16 000005267

(Requestor's Na	ame)				
(Address)					
(Address)					
(City/State/Zip/l	Phone #)				
PICK-UP WAI	T MAIL				
(Business Entit	y Name)				
(Document Number)					
Certified Copies Certif	icates of Status				
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Office Use Only



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C. BRUMBLE.

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	PANORAMA MORTGAGE GROU	JP. LLC ***	******	SEE NOTE******	
		ne of Limit	ed Liab	oility Company	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	fice Change	and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to	the fol	llowing:	
Fressy	Navreaz				
	Name of Person				
PANO	DRAMA MORTGAGE GROUP, LLC				
_	Firm/Company				
350 S	RAMPART BLVD STE 310				
	Address				
Las Ve	egas, NV, 89145				
	City/State and Zip Code				
fnarva	ez@panoramamortgage.com				
E	E-mail address: (to be used for future ann	nual report i	notifica	tion)	
For fu	rther information concerning this matter,	. please call	l:		
Fressy	Navreaz	702 at (588-5430	
	Name of Person			Vrea Code & Daytime Telephone Number	
	Registration SectionRegDivision of CorporationsDiviClifton BuildingP.O.		Regis Divisi P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
	Enclosed is a check for the following	amount:			
	□ \$25 Filing Fee	C	3 \$55 F	Filing Fee & Certified Copy	
INHS18	8 (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	ame of the limited liability company: PANORAMA M	MORTGAGE GRO	OUP, LLC ********SEE NOTE******		
2. (a)	350 S. RAMPART BLVD SUITE 310	(b) 350 :	(b) 350 S. RAMPART BLVD SUITE 310		
ŕ	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Las Vegas, NV 89145	<u>Las V</u>	Vegas, NV 89145		
	06/30/2016	M1600	00005267		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	SANCHEZ-CIFUENTES, AMAURY				
	Registered Agent and Registered Office shown on the records o 3878 SHERIDAN ST.	f the Florida Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	HOLLYWOOD	1. 33021	FIL 2021 0CT 26		
(b)	C T Corporation System				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	~ ME 7:			
	NEW Registered Office Address:		26		
	1200 South Pine Island Road				
	Plantation, FI	33324 L			
the cha agent v was/wa the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or in the case of a Florida limited li ere authorized by an aftermative vote of the members icles of organization of the operating agreement of the ture of a member or authorized typresentative of a member	of the registered of iability company of the limited liability elimited liability. Ben Sla	office and the business office of the registered r, it is hereby confirmed that the change(s) ability company or as otherwise provided in recompany. Anyton Printed or typed name of signee		
provisi the obl to merc notified	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I'm writing of this change. Denise Bell-Secretary	e performance of ed for in Chapter hereby confirm	capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been		

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