## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE MINNTRUST MORTGAGE, LLC

| Certificate of Status | f Status 0 |  |  |  |
|-----------------------|------------|--|--|--|
| Certified Copy        | 0          |  |  |  |
| Page Count            | 02         |  |  |  |
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Electronic Filing Menu Corporate Filing Menu

Help



## 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.                         | Name of the limited liability company: MINNTRUST MORTGAGE, LLC |  |   |  |   |  |  |
|----------------------------|--|--|---|--|---|--|--|
| 2.                         | (a)  | 1650 West 82nd Street  | (b  | (b) 1650 West 82nd Street  |   |  |  |
| 2.                         | ,  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |   |  |  |
|                            |  | Suite 140  |   | Suite 1  | 40  |  |  |
|                            |  | Bloomington, MN 55431  | <u>.</u>                                  | Blooming   | gton, MN 55431  |  |  |
|                            |  | 09/12/16   |   | M16000   | 007205  |  |  |
| 3.                         |  | Date of filing/registration in Florida   | 4.  |  | Document number   |  |  |
| 5.                         | (a)  | CORPORATION SERVICE COMPANY  |   |  |   |  |  |
| ٠,٠                        | (11)   | Registered Agent and Registered Office shown on the records of t   | the Florida                               | Dept. of State   |   |  |  |
|                            |  | 1201 HAYS STREET   |   |  | ALL REAL  |  |  |
|                            |  | Registered Office Address (MUST BE FLORIDA STREET A  | ADDRESS                                   | 5)   | 2021 SEP 14<br>PALLAHASS  |  |  |
|                            |  |  |   |  | XSSE<br>YSSE<br>FILE  |  |  |
|                            |  | TALLAHASSEE EI   | 32302                                     | 1  | ED REC  |  |  |
|                            |  |  |   |  | FLOG  |  |  |
| (b) Registered Agents Inc. |  |  |   |  | 9: 59<br>STALE<br>FLORID  |  |  |
|                            |  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office ad                                 | <u>dress</u> :   | TP.   |  |  |
|                            |  | 7901 4th St N  |   |  |   |  |  |
|                            |  | NEW Registered Office Address:   | ·····                                     | <del></del>  | •   |  |  |
|                            |  | STE 300  |   |  |   |  |  |
|                            |  | St. Petersburg   | 33702                                     | 2  |   |  |  |
|                            |  | , FL   | ·   | <del>-</del>   | •   |  |  |
| the<br>ago<br>wa           | chi<br>ent v<br>s/w  | imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of cles of organization or the operating agreement of the                   | the reginability confirmation the limited | stered office<br>ompany, it is<br>nited liabilit                             | and the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in |  |  |
| - 5                        | igna   | ture of a member or authorized representative of a member  |   |  | Printed or typed name of signee   |  |  |
| pro<br>the<br>to<br>no     | obi<br>obi<br>mer<br>iifje                                     | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.  Bill Havre - Assistange of Registered Agent | perform<br>d for in<br>hereby c           | tance of my<br>Chapter 605<br>confirm that                                   | auties, and Lam familiar with and accept<br>5. F.SOr. if this document is being filed                                       |  |  |

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