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Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)250-3338 Fax Number : (614)573-3996

inter the email address for this business entity to be used for future ുട്ട് annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE LENDAGE, LLC

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FEB 0 1 2024

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

2024-01-31 15:53:15 CST

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.

l. Na	nme of the limited liability company: LENDAGE, LLC			
2. (a)	1875 S. Grant Street	(b) 1875 S. Grant Street		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	STE, 510		STE. 510	
	San Matco, CA 94402		San Matco	, CA 94402
	01/16/2019		M19000000	612
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
., (4,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	<u>.</u> ::
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	-
	TALLAHASSEE FL.	32301-2:	325	-
(b)	C T Corporation System			2024 .
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2024 JAN 31	
				· · · _ · ·
	NEW Registered Office Address:			. H
	1200 South Pine Island Road			PH 12: 48
				<u>ග</u>
	Plantation FL_	33324		
the cha agent v was/wo	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis bility co f the lim	stered office mpany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	effrey Staley	Jeffr ———	ey Staley, M	<u> </u>
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the ohl to merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the writing of this change. C.T. Corporation System	perform Ljör in (ereby ci	in this cap ance of my hapter 602 infirm that : K. ASSISTANI	duties, and I am familiar with and accept S. F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			