## M2200005096

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	Dity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Nan	ne)
(C	Ocument Number)	
ertified Copies	Certificates	of Status
Special Instructions to	o Filing Officer	

Office Use Only



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2023 NOV -3 PM 12: 40

DESIGNATION COMPANY

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Vame:		
	2172256	
Entity Name:	BETTER NEIGHBOR MORTO	GAGE, LLC
☐ Articles of	Incorporation/Authorization to Transact Bu	ısiness
☐ Amendme	ent	
✓ Change o	f Agent	
Reinstate	ment	
Conversion	n	
Merger		
Dissolutio	n/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	unt: <b>\$25.00</b>	
Signature:		

F: 800.944.6607

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: Be	etter Nei	ghbor <b>M</b> o	ortgage, L	LC
		me of Li	mited Li	ability Co	ompany
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Ot	fice Cha	inge and	fee(s) are	e submitted for filing.
Please	return all correspondence concerning the	his matte	er to the	following	<u>.</u> .
	Erika Reinhofer				
	Name of Person				
	LicensingStore.com				
	Firm/Company				
	37637 Five Mile Road #396	6			
	Address				
	Livonia, MI 48154			_	
	City/State and Zip Code				
	erika@Licensingstore.com				
E	-mail address: (to be used for future an	mual rep	ort notif	ication)	
For fu	rther information concerning this matte	r. please	call:		
	Erika Reinhofer	at (_	951	)	252-7915
	Name of Person			Area C	ode & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Rej Div P.C	gistration vision of ), Box 63	Corporations
	Enclosed is a check for the followin	g amou	nt:		
	■ \$25 Filing Fee		□ \$5	55 Filling	Fee & Certified Copy

TO:

## 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	. Name of the limited liability company:		Better Neighbor Mortgage, LLC			
2. (a)	2937 E Grand Blvd Ste 603	(b)	2937 E Grand Blvd Ste 603			
(,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO			
	Detroit, MI 48202		Detroit, MI 48202			
	03/10/2022	<del>_</del>	M22000005096			
3.	Date of filing/registration in Florida	-1.	Document number			
5. (a)	REGISTERED AGENTS INC					
). (a)	Registered Agent and Registered Office shown on the records of		Dept. of State:			
	7901 4 <b>TH</b> ST. <b>N</b>		22	<u> </u>		
	Registered Office Address	T ADDRESS)	<u> </u>	<u></u>		
	STE 300		₩0V 	: 10 MOISIA10		
	ST. PETERSBURG	:[337	3702 ω	변화. 12일 1		
(b)	Cogency Global Inc.		P#12: t0	유택( 유연 전환		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	<u>rev.</u> :	-		
	115 North Calhoun Street, Suite	e 4				
	NEW Registered Office Address:					
		200				
	Tallahassee I	7 <sub>1323</sub>	2301			
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe Tiability com s of the limite	tered office and the business office of the r mpany, it is hereby confirmed that the char (ted liability company or as otherwise provi	egistere ige(s)		
	William Pinson		William Pinson			
Signal	ture of a member or authorized representative of a member	<del>.</del>	Printed or typed name of signee			
provisi he obl o mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid ily reflect a change in the registered office address. I'in writing of this change.	gree to act in le performan led for in Cha I hereby conj	in this capacity. I further agree to comply ince of my duties, and I am familiar with ar hapter 605, F.S. Or, if this document is be infirm that the limited liability company ha.	with the id accepting filed s been		
	usen Thorns Assistant Secretary					
Signatu	re of Registered Agent					