PLANTATION,					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE	E: AUSHA ARNOLD			07/20/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SVP	Title	Р		
Name	FELLOWS, MARY	Name	REYES, DEBRA S.		
Address	3615 WEST SPUCE ST	Address	4116 W. MCKAY AVE.		
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607		
Title	CHAIRMAN	Title	CFOS		
Name	LAFAVE, K OWEN	Name	RIVAS, CARLOS A		
Address	PO BOX ONE	Address	3615 WEST SPRUCE ST		
City-State-Zip:	TAMPA FL 33601-0001	City-State-Zip:	TAMPA FL 33627		
Title	DIRECTOR				
Name	BURKE, FRANK				
Address	29750 US HWY 19 N				
City-State-Zip:	CLEARWATER FL 33761				

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS RIVAS	CFO	07/20/2016
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Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

3615 W SPRUCE STREET TAMPA, FL 33607

DOCUMENT# N50264

Current Mailing Address:

3615 W SPRUCE STREET TAMPA, FL 33607 US

FEI Number: 59-3138324

Name and Address of Current Registered Agent:

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

Entity Name: NEIGHBORHOOD LENDING PARTNERS OF FLORIDA, INC.

FILED Jul 20, 2016 Secretary of State CC1347619965

Certificate of Status Desired: No

Date