

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M18000006467

Entity Name: FYR SFR BORROWER, LLC

Current Principal Place of Business:

3505 KOGER BLVD., STE. 400
DULUTH, GA 30096

Current Mailing Address:

3505 KOGER BLVD., STE. 400
DULUTH, GA 30096 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GRAY, STEPHEN H
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name LUBIN, MICHAEL G.
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name LOWE, ROBIN N.
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name MASON, RANDALL K.
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name GURHAN, ERCAN
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name DITTRICH, RENE
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name ADAMS, MILES
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

Title MANAGER
Name STALLARD, JEFF
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDALL K. MASON

MANAGER

10/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name ROBISON, DIANE
Address 3505 KOGER BLVD., STE. 400
City-State-Zip: DULUTH GA 30096