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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

Email Address:__

REGISTERED AGENT CHANGE REALFI HOME FUNDING CORP.

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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: REALFI HOME F Name of Corporation	UNDING CORP.
DOCUMENT NUMBER: F050000	03287
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joshua Murphy	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 4	00
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter,	please call:
Joshua Murphy	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617, inge is submitted for a corporation or r to change its registered office or re	rganized	under the la	ws of the State o	of New York	
l. The name of t	the corporation: REALFI HOME office address: 707 WESTCHESTER	FUNE	DING CO	RP.		
	ddress (if different):					-
4. Date of incorp	poration/qualification; 6/3/2005		_ Document	number: F050)00003287	_
	I street address of the current register timent of State: (If resigned, enter res	_	and register	ed office on file	with the	
	Registered Agent S	Soluti	ions, In	iC.		
	155 OFFICE PLAZA DRIVE,		STE	A	2022 SEC	
	TALLAHASSEE		FL	32301	2022 JUN 15 SECRETAR TALLAHI	
6. The name and (if changed):	I street address of the new registered Registered Agent Solut	_	_ ,	d /or registered		
	155 Office Plaza Dr.		Suite A			
	Tallahassee	FL	Facceptable 3230	1		
The street addre	ess of its registered office and the stube identical.	reet addi	ress of the bi	usiness office of	f its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by n notifie	its board of d in writing	directors or by a of the change.	an officer so	
	to Lupi	Ro	berto Lup	i led or typed name an	CEO	
I further agree i of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	statutes obligati in the res	relative to th on of my pos	he proper and c sition as reviste	red agent. Or, if this	5
Modean	zidt	0	6/15/202	2		
Sig	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	Assistant Secretary sped or Printed Name					
*1	* * * FILING	; FEE: !	\$35.00 * * *			

" " " LITHING LEE: 222'00 " " .