P.001/003

Division of Corporations
Electronic Filing Cover Sheet

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H210001844083ABC-

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To:

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From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397

Fax Number : (800

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## REGISTERED AGENT CHANGE LMS RESTORATION, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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## **COVER LETTER**

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Street Address:	
Amendment Section Division of Corporations	
The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

(((H21000184406 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organised under the laws of the State of TEXAS in order to change its registered office or registered agent, or both, in the State of Florida.
1. The same of the corporation: LOSS MITIGATION SERVICES, INC. LMS RESTORATION, INC.
2. The principal office address: 3737 Lamer Ave., STE 200, Peris, TX 75460
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/31/20069 Document number: F09000003059
5. The name and street address of the current registered agent and registered office on file with the Florids Department of State; (If rezigned, enter resigned)
C T CORPORATION SYSTEM
PLANTATION, PL 33324
PLANTATION, PL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
URS AGENTS, LLC
3458 Lakeshore Drive
P.O. Bus: NOT exceptable Tallahassee, PL 32312
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
KENNETL DON PRESTON - PRESIDENT
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligation of my partition as registered agent. Or, if this document is being filed merely to reflect a change in the registered office andress, I hereby confirm that the corporation has been notified in writing of this change.
Kathul'lang 5/7/2021
If signing on behalf of an entity:
Kathy Clark, Assistant Secretary
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (04/13)