F12000003214

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEP 1 4 2017

I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 5, 2017

Order#: 772449-116

Re: ALTISOURCE SINGLE FAMILY, INC.

Enclosed please find:

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE | 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the p	rovisions of sections	607.0502, 617.0502, 607.1508. or	617.1508, Florida Impo of the State of	Statutes, I DE	his	
statement of char	ige is submitted for a	corporation organized under the l ed office or registered agent, or b	aws of the State of i	 Florida.		
			om, m me snare sy s	,		
1. The name of the	ne corporation: ALTIS	DURCE SINGLE FAMILY, INC.				
2. The principal	office address:				<u>.</u>	.
1000 Aberna	thy Rd Ste 200 Atlant	a GA 30328-5604				
3. The mailing ac	ddress (if different):					
4. Date of incorporation/qualification:		08/03/2012 Documer	nt number: F12000	003214		
5. The name and Florida Depar	street address of the of the of State: (If resi	 urrent registered agent and registe pned, enter resigned) 	ered office on file w	vith the		
	C T CORPORATION	SYSTEM		-		
	1200 SOUTH PINE I	 \$LAND ROAD				
	PLANTATION	FI	33324		23	
6. The name and (if changed):	street address of the	ew registered agent (if changed)	and /or registered o	Mice gr	為时 SEP -7	7
	Corporation Service	Сотрапу			P	
	1201 Hays Street			- 2017 - 2017		
		P.O. Box NOT acceptable	22201	>	ເນ	
	Tallahassee	F	L 32301	_		
as changed will	be identical.	 fice and the street address of the 				ent.
Such change we authorized by t	as authorized by resolute board, or the corpo	 ution duly adopted by its board of fation has been notified in writin	of directors or by ar ag of the change.	a officer s	.0	
\sim	fel (, W	Jill Cilmi, Vic		_,		_
7	ord of an officer or director	<u> </u>	rinted or typed name and i	litte		
I further agree performance of agent. Or, if the hereby confirm	to comply with the pr my duties, and I am j	ly istered agent and agree to act yvisions of all statutes relative to amiliar with and accept the oblighed merely to reflect a change has been notified in writing of th	gation of my position the registered off	mplete on as regi ice addre	stered ss, I	
5 P).	co Cotubi	08/31/2017				
Sig	gnature of Registered Agent		Date			
If signing on be	chalf of an entity:					
	, Asst. Vice President					
	Typed or Printed Name	ALLEH ING POP. 635 00 4 4	*			
		* * * FILING FEE: \$35.00 * *				
N	MAKE CHECK IAIL TO: DIVISION OF	SPAYABLE TO FLORIDA DEPART CORPORATIONS, P.O. BOX 6327.	MENT OF STATE TALLAHASSEE, FL	. 32314		

CR2E045 (03/12)