

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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RECFIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1

| ACCOUNT NO. : 12000000195                       |  |  |  |  |  |
|---|--|--|--|--|--|
| REFERENCE : 209719 7814837                      |  |  |  |  |  |
| AUTHORIZATION: Spells de man                    |  |  |  |  |  |
| COST LIMIT : \$ 35.00                           |  |  |  |  |  |
| ORDER DATE: November 8, 2021                    |  |  |  |  |  |
| ORDER TIME : 5:25 PM                            |  |  |  |  |  |
| ORDER NO. : 209719-007                          |  |  |  |  |  |
| CUSTOMER NO: 7814837                            |  |  |  |  |  |
|   |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |
|   |  |  |  |  |  |
| MAME I DANDOUDE MODERA CE CODO                  |  |  |  |  |  |
| NAME: LENDSURE MORTGAGE CORP.                   |  |  |  |  |  |
|   |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |
| CERTIFIED COPY                                  |  |  |  |  |  |
| XX PLAIN STAMPED COPY                           |  |  |  |  |  |
|   |  |  |  |  |  |
| CONTACT PERSON: Eyliena Baker                   |  |  |  |  |  |

EXAMINER'S INITIALS:

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

| statement of cha  | mge is submitted for a corporation   | 617.0502, 607.1508, or 617.1508, Florida St<br>n organized under the laws of the State of $\frac{\Box}{\Box}$   | ELAWARE                    |  |
|---|--|---|----------------------------|--|
| <del></del> -   | 2  | r registered agent, or both, in the State of Fl   | orida.                     |  |
| 1. The name of  | the corporation: LENDSURE MOR  | RIGAGE CORP.  |                            |  |
|   | office address:<br>RDO CENTER DR, #102 SAN D                               | IEGO, CA 92128  |                            |  |
| 3. The mailing a  | nddress (if different):  |   |                            |  |
| 4. Date of incorp   | poration/qualification: 07/29/2019   | 5 Document number: F1500000   | 03345                      |  |
|   | I street address of the current registrement of State: (If resigned, enter | stered agent and registered office on file with resigned)   | n the                      |  |
|   | PARACORP INCORPORATED  | _   | 202<br>SE                  |  |
|   | 155 OFFICE PLAZA DRIVE, 19   | ST FLOOR  | 2021 NOV 10<br>2021 NOV 10 |  |
|   | TALLAHASSEE  | FL 32301 :  | 10                         |  |
| 6. The name and (if changed):                                       | 1 street address of the new register                                       | red agent (if changed) and /or registered of fi   |                            |  |
|   | Corporation Service Company  |   | <b></b>                    |  |
|   | 1201 Hays Street   |   |                            |  |
| P.O. Box NOT acceptable   |  |   |                            |  |
|   | Tallahassee  | FL 32301  |                            |  |
| <del>-</del>  |  | e street address of the business office of its  |                            |  |
| Such change wa<br>authorized by th                                  | as authorized by resolution duly a<br>ne board, or the corporation has b   | adopted by its board of directors or by an obeen notified in writing of the change.   | fficer so                  |  |
| Signatu   | e of an officer or director  | Jill Cilmi Printed or typed name and title  | Vice President             |  |
| I further agree to of my duties, an document is bei corporation has | to comply with the provisions of i   | gent and agree to act in this capacity.<br>all statutes relative to the proper and comp<br>the obligation of my position as registered<br>se in the registered office address. I hereby | olete nerformance          |  |
| By:   | no retuble   | 11/09/2021  |                            |  |
| -   | nantife of Registered Agent (  | Date  | •                          |  |
| Grace E. Kirby  | sped or Printed Name   | -   |                            |  |

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