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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE LONG LAKE MSR, INC.

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

statement of che	nge is submitted for a corpora	92, 617.0502, 607.1508, or 617.1508, Florida atton organized under the laws of the State of ce or registered agent, or both, in the State of	Maryland		_		
	the corporation: Long Lake M						
2 The principal					_		
3. The mailing a	iddress (if different):		_		_		
		5 Document number: F160000	004860				
	d street address of the current interment of State: (If resigned, ea	registered agent and registered office on file winter resigned)	vith the				
	Corporation Service Company						
	1201 Hays Street						
	Tallahassee, FI, 32301		_				
6. The name and (if changed):	I street address of the new regi	istered agent (if changed) and /or registered o	flice -	2024 OCT 1 4	****		
	C T Corporation System		<u> </u>	<u> </u>	ا) ۱۳۳۲: ۱۴۹۵:		
	1200 South Pine Island Road		√ √		المالية		
		P.O. Box NOT acceptable	- , , , -,	A .) ե 		
	Plantation, Florida 33324		_DE	ထ္ ယ	Q2.5		
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of i			ıt,		
Such change wa authorized by th	is authorized by resolution du ie board, or the corporation h	ily adopted by its board of directors or by ar as been notified in writing of the change.	i officer s	o			
S/Paul D. Borja		Paul D. Borja	Paul D. Borja				
Signani	re of an officer or director	Printed oi typed name and	ritle		-		
I hereby accept I further agree t of my duties, an document is bei corporation has CT Corporation	to comply with the provisions of Lam familiar with and according filed merely to reflect a ches been notified in writing of the	d agent and agree to act in this capacity, sof all statutes relative to the proper and colept the obligation of my position as registered affice address, I here also change.	mplete pei 2d agent. 2by confiri	rforman Or, if th n that ti	we us he		
Corporation	Sa Chromos	10/10/2024					
Sig	nature of Registered Agent	Date	•		-		
It signing on be	half of an entity:						
Sean L Emerick,	Assistant Secretary						
Ty	ped or Printed Name						
	* * *	ILING FEE: \$35.00 * * *					

Make checks payable to Feorida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: