F9700003905

(Re	questor's Name)	
(Adı	dress)	
(Ad	dress)	
V	,	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	-
		1

Office Use Only



100429762811



024 JUN 17 PM 3: 3

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	IO. : I2000000195
REFEREN	ICE : 492431 8282544
AUTHORIZATI	ION : Committee
COST LIM	MIT : \$/3500
ORDER DATE : June 10, 2024	ł
ORDER TIME : 2:28 PM	
ORDER NO. : 492431-010	•
CUSTOMER NO: 8282544	
	·
CHANGE O	DF AGENT
NAME: ONITY INC.	
NAME: ONITY INC. PLEASE RETURN THE FOLLOWING	
PLEASE RETURN THE FOLLOWING CERTIFIED COPY	S AS PROOF OF FILING:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida corganized under the laws of the State of cregistered agent, or both, in the State of	<u>DE</u>
1. The name of t	the corporation: ONITY INC.		
2. The principal	office address: 4001 Fairview Indu	ustrial Dr. SE Salem, OR 97302	
3. The mailing a	ddress (if different):		
		7 Document number: F9700	00003905
	l street address of the current regist tment of State: (If resigned, enter t	tered agent and registered office on file v	with the
	UNITED AGENT GROUP INC.		
	801 US HIGHWAY 1		_
	NORTH PALM BEACH	FL 33408	 :
6. The name and (if changed):	I street address of the new registero	ed agent (if changed) and /or registered o	- ,
	1201 Hays Street		_ ,
		P.O. Box, NOT acceptable	_
	Tallahassee	FL 32301	_
_		street address of the business office of dopted by its board of directors or by a gen notified in writing of the change.	
•	ther Paradise	Christopher Paradise Printed or typed name and	Vice President
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered ag o comply with the provisions of a	ent and agree to act in this capacity, dl statutes relative to the proper and co he obligation of my position as register e in the registered office address, I here hange.	mnlete performance
BA: Dwe	2-Kubi	06/05/2024	
•	nature of Registered Agent	Date	
GRACE E KIRB	Y, ASST. VICE PRESIDENT		
	ped or Printed Name		

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