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6/26/2018



Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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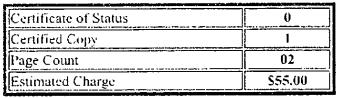
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future" annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE STRUCTURED ASSET SERVICES, LLC



Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| | ame of the limited liability company: | | |
|------------------------------|--|--|---|
| (a) | 2255 Glades Road Suite 118E | (b) | Mailing address of limited liability company: |
| (/ | 2255 Glades Road Suite 118E Principal office address of limited liability company: (Note: MUST BE STRUET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Boca Raton, FL 33431 | | |
| | 6/20/2001 | | L01000009862 |
| | Date of filing/registration in Florida | 4, - | Document number |
| | | | |
| (a) | Registered Agent and Registered Office shown on the records | of the Morida Deni | l of State: |
| | Registered Agent and Registered Office shown on the recitors | tor he cantal Dep | i, or attie. |
| | Michael Asseff | | |
| | Registered Office Address MUST BE FLORIDA STREE | | |
| | 3625 W. Broward Blvd 2nd Floor | | , <u>—</u> |
| | | | |
| | Fort Lauderdale | FL | |
| | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | 14207 | |
| | Enter name of NEW Registered Agent and/or NEW Register | red Onice nduress | F E |
| | Frederick A Love | | ा है. |
| | NEW Registered Office Address: | | |
| | 2255 Glades Road Suite 118E | | |
| | Boca Raton, FL | FL 33431 | |
| cha ent v s/w arti | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiterere authorized by an affirmative vote of the member ideas of organization or the operating agreement of | e laws of the Stat s of the registere d liability compa ars of the limited the limited liabi | te of Florida, it is hereby confirmed that after ed office and the business office of the register any, it is hereby confirmed that the change(s) I liability company or as otherwise provided i |
| 12 | nute of a member or authorized representative of a member | | Printed or typed name of signee |
| | thy accept the appointment as registered agent and ions of all statutes relative to the proper and compl | iete perjormance ided for in Char | this capacity. I further agree to comply with e of my duties, and I am familiar with and acc |
| uvis: | ngatous of my position to registered agent to provely reflect a change in the registered office address and in writing of this change. | s, 1 nereoy conjii | |
| ovisi obi mer tifte | rely reflect a change in the registered office address and in writing of this change. | s, 1 nereoy conjii | , |
| ovisi obi mer tifte | ely reflect a change in the registered office addressed in writing of this change. We of Registered Agent Division of Corporations • P. | s, 1 nereoy conju | |