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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Frederick Mortgo (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ricuse return un correspondence concerning um	o maner to the following.
Sonya K. Daus (Name of Person)	
Mcsser, Caparello & Self, P. (Firm/Company)	A. SECRETAR OF A.
P.O. Box 15579 (Address)	OF OCT 10 PM 2: 05 OF OCT 10 PM 2: 05
Tallahassee, FL 32 32317 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Sonya Daus at (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

. The name of the limited liability company is: Trederick Mortgage Group, LLC			
. The mailing address of the limited liability company is: 2402 Macy Drive	_		
Poswell, GA 30076	_		
1-04-00066353 9/09/2004 LO400066353	_		
. Date of filing/registration in Florida 4. Document number			
. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
Sonya K. Daws, P.A. Name			
3116 Capital Circle NE, Suite 5			
Tallahassee, FL 32308 City, State and Zip			
. The name and address of the new registered agent and/or office:	3		
City, State and Zip City, State and Zip City, State and Zip STORE THE PROPERTY OF STATE OF	: FD		
Name D Prost	i		
Florida street address (P.O. Box NOT acceptable)	À		
Tallahussee, FL 32,308 City, State and Zip			
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
signature of a member or authorized representative of a member)			
Printed or typed name of signee)			
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in hapter 608, F.S., Or., if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.	o		
Signature of Registered Agent)			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00