L06000066655

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Certified Copies		Certificate	s of Status
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

Office Use Only



December 1, 2011

JODI TURBYFILL 5100 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334

SUBJECT: INVESTOR LENDING SERVICES, LLC

Ref. Number: L06000066655

We have received your document for INVESTOR LENDING SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 611A00026916

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INESTOR LENGING SERVICES, LCC Name of Limited Liability Company	_
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jodi Turby Fill Name of Person	
Investor Lenging Services	
5100 N. DIXIE HWY SUITE 100	
FOX LOUGLIC FI 33334 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JOCI TURBLE at (954) 545-3020 Name of Person at (954) 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 amount:	
\$25 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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company: TWO17	x Lending Services, LLC
2. (a) Principal office address of limited liability compan	y: 5100 M. DIXI e Huy
(Note: MUST BE STREET ADDRESS)	JUITE (0) Fort Lauderdate, F1 33334
(b) Mailing address of limited liability company:	5100 N. DIXIC Huy
(Note: MAY BE POST OFFICE BOX)	Suite 100 Fort Landurdale F/ 3333C/
010/30/2006	LDLODOO COLLESSS
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Deptrof State:
Registered Agent:	DOUG M. MICHELL
Registered Office Address:	4801) N. DIXIP BELLE
	FOX Landerdale, F1 333
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Joan Turbyfill
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	500 N. DIXIC HUY
MUSI DE FLORIDA STREET ADDRESS	FOR Caucherdale, FL 33334
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Privited or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to open and complete performance of my duties, open as registered agent as provided for in exely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent