## 2008 LIMITED LIABILITY COMPANY

## FILED Mar 17, 2008 8:00 am Secretary of State

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DOCUMENT # L07000104  1. Entity Name RP OCWEN, LLC	021		03-17-2008 90267 044 ***143.75						
Principal Place of Business 2701 MAITLAND CENTER PARKWAY STE 225 MAITLAND, FL 32751	Mailing Address 2701 MAITLAND CENTI MAITLAND, FL 32751	ER PARKWAY STE 22							
2. Principal Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03052008 Chg-LLC CR2E083 (12/06)						
City & State	City & State		Applied For Not Applicable						
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required						
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent						
STEIN, CLIFFORD L 2701 MAITLAND CENTER PARKWAY S MAITLAND, FL 32751	TE 225	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
		City	City FL Zip Code						
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	•		Make check payable to Florida Department of State						
9. MANAGING MEMBE	<del></del>	10.	ADDITIONS/CHANGES						
NAME	☐ Delete		Marm Chifford Lenter Parkway, # 225						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	Maj Hand FL 32751						
TITLE NAME	☐ Delete	TITLE	Marm Change Addition						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	2 ·/!! \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
TITLE	☐ Delete	TITLE	Ma. Hand FL 3275/ Change Addition						
NAME STREET ADDRESS		NAME STREET ADDRESS							
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition						
NAME STREET ADDRESS		NAME STREET ADDRESS							
CITY-ST-ZIP TITLE	□ Delete	CITY-ST-ZIP	Change Addition						
NAME		NAME	Cooling Production						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition						
STREET ADDRESS	~ ^	STREET ADDRESS							
11. I hereby certify that the information supplied with indicated on this report is true and bridgete and	this filling does not qualify for	r the exemptions cont	ained in Chapter 119, Florida Statutes. Liturther certify that the information						
11. I hereby certify that the information supplied with this filling does not dualify for the exemptions contained in Chapter 119, Florida Statutes. Litther certify that the information indicated on this report is trule and additional that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trulsite empowered to execute this report as required by Chapter 60s, Florida Statutes.									
SIGNATURE:  SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Disprine Priore #									