10000129220

| (F | Requestor's Name) | |
|----------------------------|-------------------------|-------------|
| | | |
| (A | Address) | , |
| | | |
| (Address) | | |
| | | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL MAIL |
| (8 | ousiness Entity Name) | |
| (0 | Occument Number) | |
| | | |
| Certified Copies | Certificates of | Status |
| | | |
| Special Instructions to Fi | ling Officer: | |
| Special wistractions to 71 | ing Officer. | |
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Office Use Only



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2023 OCT -9 AM 10: 46

D MERMINSSEL FELKIUM

THED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : I2000000195 | | | |
|---|---|--|--|--|
| REFERENCE | : 030803 8425129 | | | |
| AUTHORIZATION | 11/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| COST LIMIT | | | | |
| ORDER DATE : October 3, 2023 | | | | |
| ORDER TIME : 1:14 PM | | | | |
| ORDER NO. : 030803-086 | | | | |
| CUSTOMER NO: 8425129 | | | | |
| | · | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME: VESTA MORTGAGE HOLDINGS, LLC | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| | | | | |
| CONTACT PERSON: Eyliena Baker EXT# | | | | |

EXAMINER:

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.

| 1. 1 | Name of the limited liability company: VESTA MORTO | GAGE HOLDINGS, L | LC | |
|--|--|--|--|--|
| 2. (a | 6972 PROFESSIONAL PARKWAY EAST | (b) 6972 PRO | (b) 6972 PROFESSIONAL PARKWAY EAST | |
| (| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | SARASOTA, FL 34240 | SARASO | ΓΑ, FL 34240 | |
| | 12/17/2010 | L10000129 | 9220 | |
| 3. 5. (a) | Date of filing/registration in Florida COMPTON, JOHN M | 4. | Document number | |
| J. (6 | Registered Agent and Registered Office shown on the records of 1819 MAIN STREET SUITE 610 | the Florida Dept. of State | : | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | |
| - | SARASOTA | 34236 | 7 20 20 20 20 20 20 20 20 20 20 20 20 20 | |
| (b | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | I Office address: | FIL 2023 OCT -9 TALLAHASSI | |
| | Corporation Service Company | | | |
| | NEW Registered Office Address: 1201 Hays Street | | AMID: 46 EE FLORIDA | |
| | Tallahassee, FI | 32301 | | |
| chang agent was/v | limited liability company is not organized under the law ee or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered office and ability company, it is of the limited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| | Jul & Wome | JILL CILMI, AUT | THORIZED PERSON | |
| Sigr | ature of a member or authorized representative of a member | | Printed or typed name of signee | |
| provi the oi to me | eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address. It led in writing of this change. | ee to act in this capa performance of my d d for in Chapter 605, hereby confirm that th | city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been | |
| Signa | ture of Registered Agent | GRACE E. KIRBY, A | ASST. VICE PRESIDENT | |