L12000001511

(Requestor's Name)				
(Address)				
(Add	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
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Office Use Only

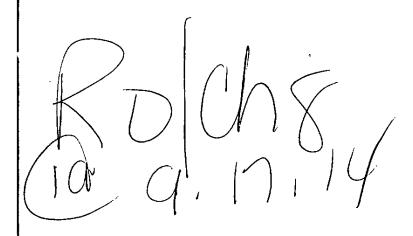


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THE TAKE STAFF



COVER LETTER

TO:

INHS18 (2/14)

	stration Section sion of Corporations				
SUBJECT:	UBJECT: Registered Agent Change Document Number L12000007511 Name of Limited Liability Company				
Dear Sir or N	/ladam:				
The enclosed	Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to	the following:		
Kim Yarne	ll i				
	Name of Person				
Home Loa	n Alliance Title, LLC				
	Firm/Company				
711 E. Her	nderson Avenue, Suite A				
	Address				
Tampa, FL	33602				
	City/State and Zip Code				
kim.yarnel	li@gtefinancial.org				
E-mail	address: (to be used for future annual	ual report n	otification)		
For further ir	nformation concerning this matter,	please call			
Kim Yarne	lli	813	414-6620		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	Enclosed is a check for the following amount:				
2 \$2	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 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. Na	ame of the limited liability company: Home Loan	Alliance	Title, LL	.C
2. (a)	711 E. Henderson Avenue, Tampa, FL 336	02 (I	711 E	Henderson Avenue, Suite A, Tamp
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.,	Mailing address of limited liability company: 336 (Note: MAY BE POST OFFICE BOX)
		_		
	September 9, 2014	_	L12000	007511
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Yarnelli, Kim			
. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	ate:
	Yarnelli, Kim			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	<u>5)</u>	_
	1213 North Franklin Street			
	Tampa	33602		_
	, FI			
(h)	Yarnelli Kim			20
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ad	dress:	- SEP 10
	Yarnelli, Kim			
	NEW Registered Office Address:			
				N. E.
	711 E. Henderson Avenue, Suite A			
	Tampa , FI	_33602		_
the cha agent v was/wa	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability co of the lin	stered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	aanpurko	Aai	ron Bres	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi (he obl (o merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my past of as registered agent as provide ly refered agent as provide ly refered office address, I din wating finite manye.	ree to ac. perform d for in (hereby c	t in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent			