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(Re	equestor's Name)							
(Ac	ddress)							
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(City/State/Zip/Phone #)								
PiCK-UP	WAIT MAIL							
(Ви	usiness Entity Name)							
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(Document Number)								
Certified Copies	Certificates of Status							
Special Instructions to Filing Officer:								
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MAY 1 6 2017 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	vision of Corporations			
SUBJECT:	Standard Mortgage Service	s, LLC		
SOBJECT		ne of Limite	d Liability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Please retur	m all correspondence concerning th	is matter to	the following:	
Natalie P	remock			
	Name of Person			
Standard	Mortgage Services, LLC			
	Firm/Company			
10200 W	ST Rd 84 Ste 104		=	1
	Address			
Davie, FL	_ 33324			ر :
	City/State and Zip Code			
npremocl	k@gmail.com			
E-mai	l address: (to be used for future ann	ual report i	otification)	
For further	information concerning this matter,	please call	:	
Natalie P	remock	954 at (826-5125	
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
En	closed is a check for the following	amount:		
	\$25 Filing Fee	C	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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. N	ame of the limited liability company: Standard	Mortgag	ge Ser	vices, l	LLC			
2. (a)	Standard Mortgage Services, LLC			(b) Standard Mortgage Services, LLC				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	;	(0)_	N	Mailing address of limited I			
	10200 W St Rd 84 Ste 104		1	0200 W	/ St Rd 84 Ste 104	}		
	Davie, Fl 33324		D	avie, F	L 33324			
	03/20/2015		L1	500004	10269			
3.	Date of filing/registration in Florida	4.	. —		Document number			
5. (a)	Natalie Premock							
v. (u)	Registered Agent and Registered Office shown on the record	ds of the Flo	orida De _l	ot, of State	::			
	Natalie Premock							
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	(ESS)					
	2273 Phoenix Ave							
	Davie	, _{FL} _333	24			TSE 3		
	Natalie Premock					CAHA		
(b)	Enter name of NEW Registered Agent and/or NEW Register	d Off-				A SS		
	tiner name of NEW Registered Agent and/or NEW Registe	erea Omg	<u>e adores</u>	<u>s</u> :		ا المال		
						PH C		
	NEW Registered Office Address:					3: 08		
	10200 W St Rd 84 Ste 104					∞ ⊕.		
	Davie	, _{FL} 333	24					
If the 1	imited liability company is not organized under the			to of Flo	rida it is baraby aanfi	irmad that after		
the cha agent v	inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite.	s of the r d liabilit	egistere y comp	ed office any, it is	and the business office hereby confirmed that	ce of the registered it the change(s)		
the arti	ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	the limit	ed liabi	lity com	company or as others pany.	vise provided in		
	napa 1	1	Natalie	Premo	ock			
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of s	signee		
provisi the obl to mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to lele perfo vided for s, I hereb	act in to ormance in Chaj y confi	his capa e of my d oter 605, rm that t	icity. I further agree t luties, and I am famili F.S. Or, if this docu he limited liability coi	o comply with the ar with and accept nent is being filed npany has been		
Signatu	re of Registered Agent							

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