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ONE GATEWAY CENTER 420 FORT DUQUESNE BOULEVARD • 16th FLOOR PITTSBURGH, PA 15222

(412) 454-0200 · FAX: (412) 281-6622

Mindi M. Albert (412) 454-0244 malbert@wilhamscoulson.com

October 18, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Registered Agent/Registered Office Change – White Star Wholesale Mortgage LLC

Dear Sir or Madam:

Enclosed for filing is the Registered Agent/Registered Office Change form for White Star Wholesale Mortgage LLC, along with a cover letter for said filing.

Also enclosed are the following:

- 1. our firm's check payable to the *Florida Department of State*, in the amount of \$25.00;
- 2. a copy of the filing so that you may date stamp and return to me in the self-addressed, stamped envelope provided.

If you have any questions regarding this matter, please do not hesitate to call me.

Very truly yours,

Mindi M. Albert

Mina gu Alas

Enclosures

(WC9608611)

COVER LETTER

TO:	Registration Section Division of Corporations	
SHRIB	WHITE STAR WHOLESALE	MORTGAGE LLC
SOLWI	CCT: Name	e of Limited Liability Company
	ir or Madam:	
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Mindi	M. Albert	
	Name of Person	
Willia	ms Coulson	
	Firm/Company	
1 Gat	eway Center, 16th FI, 420 Fort Dud	quesne Blvd
	Address	
Pittsb	ourgh, PA 15222	
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
malbe	ert@williamscoulson.com	
Е	-mail address: (to be used for future annu	al report notification)
For fur	ther information concerning this matter, p	please call:
Mindi	M. Albert	412 454-0244 at ()
	Name of Person	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 a	amount:
	24 \$25 Filing Fee	☐ \$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. Na	nme of the limited liability company: WHITE STAR	R WHOLES	ALE MORTGAGE LLC
2. (a)	583 EPSILON DRIVE	(b) <u>5</u> 8	33 EPSILON DRIVE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PITTSBURGH, PA 15238	PI	TTSBURGH, PA 15238
	11/04/2015	— — L15	5000187108
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WILLIAM EVANS		
	Registered Agent and Registered Office shown on the records of 350 N. FEDERAL HIGHWAY Registered Office Address (MUST BE FLORIDA STREET) #913S		i. of State:
	BOYNTON BEACH FI	33435	77
(b)	REGISTERED AGENTS INC.		7672
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	••
	3030 N. ROCKY POINT DR.		## 8: 4
	NEW Registered Office Address:		49
	STE 150A	–	•
	TAMPA	_{I.} 33607	
the cha agent was/w was/w the art Signa I here provis the ob- to mer	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative value of line members icles of organization or the operating agreement of the nure of a member of a member of a member accept the appointment as registered agent and aging a complete the appointment as registered agent and aging at a complete the proper and complete the proper and complete the proper of the position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	of the registere iability compared to the limited liability of the liability of	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. SEPA V. SALVUCA Printed or typed name of signee this capacity. I further agree to comply with the poffiny duties, and I am familiar with and accept

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

Signature of Registered Agent

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

(a)	583 EPSILON DRIVE			_{b)} 583 E	EPSILON DRIV	Ε	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			. /	Mailing address of (Note: MAY B)		
	PITTSBURGH, PA 15238	IDDRESS!		PITTSBURGH, PA 15238			10.00.00
	11/04/2015			L1500	0187108		
	Date of filing/registration in Florida	n Florida	- 4.	Document number			
(a)	WILLIAM EVANS						
(4)	Registered Agent and Registered Office sho	wn on the records of	f the Flori	la Dept. of	State:		
	350 N. FEDERAL HIGHWAY						
	Registered Office Address (MUST BE F	LORIDA STREET	ADDRE.	<u>(S)</u>			
	#913S						:7
	BOYNTON BEACH		3343	5			100 m
(b)	REGISTERED AGENTS INC.						ENT.
	Enter name of NEW Registered Agent and	or NEW Registered	d Office a	ddress:			2925 2332
,							6 1 :8
	3030 N. ROCKY POINT DR.						\ L J
	3030 N. ROCKY POINT DR. NEW Registered Office Address:					-	
				·		-	

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre Signature of Registered Agent