## L16000075508

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status	_			
Special Instructions to Filing Officer:					
17 HAY 15 PM 4: 21	LARASSEE LORDA				
Office Use Only					



000298528450

05/16/17--01003--007 \*\*25.00

PILED:

HM 16 2017 HARRIS

## **COVER LETTER**

Division of Corporations	
Standard Mortgage, LLC	
<del></del>	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Natalie Premock	
Name of Person	
Standard Mortgage, LLC	
Firm/Company	<del></del>
10200 W ST Rd 84 Ste 213	
Address	
Davie, FL 33324	
City/State and Zip Code	
natalie.premock@standardmortgage.net	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, pl	ease call:
Natalie Premock	954 826-5125
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following ar	nount:
☑ \$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. N	ame of the limited liability company: Standard Mo	rtgage, LLC		
2. (a)	Standard Mortgage, LLC	(b) Standard Mortgage, LLC		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<b>_</b>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	10200 W St Rd 84 Ste 213	10200 V	V St Rd 84 Ste 213	
	Davie, FI 33324	Davie, F	FL 33324	
	04/18/2016	L160000	75508	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Natalie Premock			
J. (u	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	de:	
	Natalie Premock			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	_	
	2273 Phoenix Ave		_	
	Davie, FL	_33324	_	
(b)	Natalie Premock		7AS 281	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	2011 HAY 15 SECRETAR TALLAHASS	
	NEW Registered Office Address:		THE TAXABLE STATES	
	10200 W St Rd 84 Ste 213		AM 11:27 OF STATE EFLORIDA	
			AIE 21	
	Davie, FI	33324	₽	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the mature of a member or authorized representative of a member	f the registered offic lability company, it of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
I here provis the ob- to med notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent