## L16000075508

(Rec	questor's Name)	
(Add	dress)	
(Add	fress)	
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
(33.	ounient Humber,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		
	<del></del>	

Office Use Only



100318814191

09/28/18 -01023 -026 \*\*25.00

7 KED 28 P T-

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Standard Mortgage LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The er	nclosed Registered Agent/Registered Of	ice Change and fee(s) are submit	ted for filing.			
Please	return all correspondence concerning th	is matter to the following:				
Natal	lie Premock					
	Name of Person					
Stand	dard Mortgage					
	Firm/Company		100 mg			
1020	0 W State Rd 84 Ste 213		. 3 2 2			
	Address		U			
Davie	e, Fl 33324		- <del>-</del>			
	City/State and Zip Code					
nprer	nock@gmail.com					
1:	-mail address: (to be used for future and	ual report notification)				
For fu	ther information concerning this matter	please call:				
Natal	ie Premock	954 826-5125				
	Name of Person		Paytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	tions			
	Enclosed is a check for the following	amount:				
	<b>☑</b> \$25 Filing Fee	S55 Filing Fee & C	ertified 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. 1	Same of the limited liability company: $\frac{8}{2}$	Standard Mo	rtgage l	LLC			
2. (a	)			)			
	Principal office address of limited liabi (Note: MUST BE STREET AD			3	Mailing address of lim <i>(Note: MAY BE PO</i>		
	10200 W State Rd 84 Ste 213			10200 V	V State Rd 84 S	Ste 213	
	Davie, FI 33324		_	Davie, F	FI 33324		
	04/18/2016			L160000	75508		
3.	Date of filing/registration in F	Florida	4.		Document number	er	
5. (a	)						
	Registered Agent and Registered Office shown	on the records of	the Florida	Dept, of State	_ e:	ئے میا	
	Natalie Premock				_	. 3	$\gamma A$
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				22.75 0.75		
	10200 W State Rd 84 Ste 213				_	;> es	, mare
	Davie	FI	33324			U	
		,,,,,,	'		_	<del></del>	.)
(b		=			· -	-0	
	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered	Office add	dress:		,	
	Natalie Premock						
	NEW Registered Office Address:				-		
	10200 W State Rd 84 Ste 104				_		
	Davie	. FI.	33324				
If tha					- o-ido isto komuleo		hat after
the cl	limited liability company is not organize nange or changes are made, the Florida st	reet address of	the regis	stered office	e and the business	office of th	e registered
agent was/v	will be identical. Or, in the case of a Flowere authorized by an affirmative vote of	orida limited lia Tthe members o	ability co of the lim	mpany, it is ited liabilit	s hereby confirmed v company or as o	d that the cl therwise pr	hange(s) ovided in
the ar	ticles of organization or the operating ag	reement of the	limited l	iability con	npany.	•	
	Marin 12		Nat	alie Prem			
_	ature of a member or authorized representative of				Printed or typed nan	•	
provi. the ol to me	eby accept the appointment as registered sions of all statutes relative to the proper oligations of my position as registered agrey reflect a change in the registered off and in writing of this change.	l agent and agr r and complete gent as provide fice address, I i	ee to act performe d for in C hereby co	in this cape ance of my o hapter 605 onfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this a the limited liabilit	ree to comp miliar with locument is y company	oly with the and accept being filed has been
Signat	ure of Registered Agent						

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