## 16000104605

(Demostrato Nome)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special instructions to filling Officer.						

Office Use Only



900374988309

NOV 0 1 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: October 27, 2021

ORDER TIME : 2:57 PM

ORDER NO. : 170804-061

CUSTOMER NO: 7644314

## CHANGE OF AGENT

NAME:

GREENWAY SPARTANBURG SUN LOAN

MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

**EXAMINER:** 

## 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:  GREENWAY	SPARTA	NBURG SUI	N LOAN MANAGEMENT	r, llc
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lie	ability company:
	9001 EAST COLONIAL DRIVE		9001 EA:	ST COLONIAL DRIVE	
	ORLANDO, FL 32817		ORLAND	OO, FL 32817	
	05/27/2016		L1600010	)4605	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
` '	Registered Agent and Registered Office shown on the records	of the Flori	da Dept, of Stat	te:	
	LOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LOV	V & NAMV	VILSON, P.A		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	20
	1000 LEGION PLACE, SUITE 1700				2021 GET
	ORLANDO	32801 FL_		_	. S
					9
(b)	Enter name of NEW Registered Agent and/or NEW Register	()65	d-las-	_	Air
	Enter name of NEW Registered Agent and/or NEW Register	eu Ottice a	duress:		9: 1:9
	Corporation Service Company				ق
	NEW Registered Office Address:	·		_	
	1201 Hays Street			_	
	Tallahassee I	FL_32301		_	
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registe liability c s of the lii	red office an ompany, it i nited liabilit	d the business office of s hereby confirmed that y company or as otherw	the registered the change(s)
	/s/: Jill Cilmi		Jill Cilmi, Authorized Person		
Signa	ature of a member or authorized representative of a member	-		Printed or typed name of sig	gnee
provis the ob- to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to acte perforn led for in I hereby c	t in this cap nance of my o Chapter 605 confirm that	acity. I further agree to duties, and I am familian 5, F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been
	Maco C-Kuby  Jire of Registered Agent	Grace	E. Kirby, A:	sst. Vice President	
Signati	are of Registered Agent				