## LILO 600 116468

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Executive Mortgage Group of Florida, LLC					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Micha	ael Macias					
	Name of Person	· ·	<del>_</del>			
Execu	utive Mortgage Group of Florida, I	LC				
	Firm/Company		<del></del>			
9850	Stirling Rd. Suite 105					
	Address		<del>_</del>			
Соор	er City, FL 33024					
	City/State and Zip Code		<del></del>			
mmad	cias@executivemortgagefl.com					
Е	-mail address: (to be used for future ann	nual report noti	fication)			
For fur	ther information concerning this matter,	please call:				
Micha	el Macias	305 at (	467-7910 )			
	Name of Person	· · ·	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ s	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: Executive Mo	ortgage Group o	f Florida, LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9850 Stirling Rd., Suite 105	9850 Stirling Rd., Suite 105 Cooper City, FL 33024		
	Cooper City, FL 33024			
	06/01/2016	L16000°	110408	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
(,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:	
	Michael Macias			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	901 S State Road 7, Suite 319		_	
	Hollywood	33023	_	
		·	17 NETE NETE	
(b)			T OCT -:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	CT -2	
	Michael Macias		A A A	
	NEW Registered Office Address:			
	9850 Stirling Rd., Suite 105	· -	30 80 80 80 80 80	
	Cooper City , FI.	33024		
the cha agent was/w the art	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of F the registered offi ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  Clas	
	ture of a member or authorized representative of a member	_	Printed or typed name of signee	
provis the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not in writing of this change.	performance of m	v duties, and Lam familiar with and access	
	Jun Marie			
	re of Registered Agent			