LIU000115393

(Re	equestor's Name)						
(Ad	ddress)						
bA)	idress)						
(Cit	ty/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
	Certificates of Status						
Special Instructions to	Filing Officer:						

Office Use Only

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2021 OCT 29 PM 3: 51

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RAIRDICHY

NOV 0 1 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 170804 7644314

AUTHORIZATION

COST LIMIT

ORDER DATE : October 27, 2021

ORDER TIME : 2:56 PM

ORDER NO. : 170804-058

CUSTOMER NO: 7644314

CHANGE OF AGENT

NAME: GREENWAY NORRISTOWN WELL 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	NORRIST	OWN WELI	L LOAN MANAGEMENT	, 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) ST COLONIAL DRIVE			
	9001 EAST COLONIAL DRIVE		9001 EAS				
	ORLANDO, FL 32817		ORLANDO, FL 32817				
	06/16/2016		L1600011	5393			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of Stat	_ de:			
	LOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LO						
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	(S)	-			
	1000 LEGION PLACE, SUITE 1700				202		
	ORIANDO			_	2021 CCT	~	
	ORLANDO	FL32801		_	2	,	
					29	•	
(b)	Enter name of NEW Registered Agent and/or NEW Register			_	\equiv		
	Enter name of New Registered Agent and/or New Register	rea Omice a	<u>aaress</u> :		بو	لاست	
	Corporation Service Company				9: 1,7		
	NEW Registered Office Address:	<u>.</u>		_			
	1201 Hays Street						
				-			
	Tallahassee	FL 32301					
				_			
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the case.	he register liability c s of the lir	red office an ompany, it is nited liabilit	d the business office of t s hereby confirmed that y company or as otherw	the register	red :(s)	
	/s/: Jill Cilmi		•	orized Person			
Signa	ture of a member or authorized representative of a member		 .	Printed or typed name of sig	 znee		
I here provisi the obl to mero notified	by accept the appointment as registered agent and a fons of all statutes relative to the proper and comple ligations of my position as registered agent as provicely reflect a change in the registered office address, d in writing of this change.	igree to ac te perforn ded for in I hereby c	t in this capt ance of my o Chapter 605 confirm that	acity. I further agree to dudies, and I am familian i, F.S. Or, if this docum the limited liability comp	comply wi with and ent is being pany has b	ith the accept g filed ween	
	Drace C-Kuby	Grace	E. Kirby, A:	sst. Vice President			
Signatu	re of Registered Agent						