## 117000077005

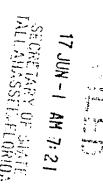
| (Requestor's Name)                      |                    |             |  |  |  |
|-----------------------------------------|--------------------|-------------|--|--|--|
| (Address)                               |                    |             |  |  |  |
| (Address)                               |                    |             |  |  |  |
| (68                                     | ty/State/Zip/Phone | <del></del> |  |  |  |
| (CII                                    | ty/State/Zip/Phone | #)          |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Business Entity Name)                  |                    |             |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
| Certified Copies                        | Certificates       | of Status   |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |
|                                         |                    |             |  |  |  |
|                                         |                    |             |  |  |  |
|                                         |                    |             |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO:     | Registration Section Division of Corporations                                                                                                  |                                |                                                                        |  |  |  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------|--|--|--|
| SUBJE   | Citrus Mortgage Associates                                                                                                                     | Citrus Mortgage Associates LLC |                                                                        |  |  |  |
| 20202   | Name of Limited Liability Company                                                                                                              |                                |                                                                        |  |  |  |
| Dear Si | r or Madam:                                                                                                                                    |                                |                                                                        |  |  |  |
| The end | closed Registered Agent/Registered Offic                                                                                                       | ce Change and f                | ee(s) are submitted for filing.                                        |  |  |  |
| Please  | return all correspondence concerning this                                                                                                      | s matter to the fo             | ollowing:                                                              |  |  |  |
| Leste   | r Joseph                                                                                                                                       |                                |                                                                        |  |  |  |
|         | Name of Person                                                                                                                                 |                                | <b></b>                                                                |  |  |  |
| Citrus  | Mortgage Associates LLC                                                                                                                        |                                |                                                                        |  |  |  |
|         | Firm/Company                                                                                                                                   |                                | _                                                                      |  |  |  |
| 1300    | Hwy 41 North Ste H                                                                                                                             |                                |                                                                        |  |  |  |
|         | Address                                                                                                                                        |                                | _                                                                      |  |  |  |
| inverr  | ness, FL 34450                                                                                                                                 |                                |                                                                        |  |  |  |
|         | City/State and Zip Code                                                                                                                        |                                | _                                                                      |  |  |  |
| lester  | joseph@citrusmortgageassociates                                                                                                                | s.com                          |                                                                        |  |  |  |
| E       | -mail address: (to be used for future annu                                                                                                     | al report notific              | eation)                                                                |  |  |  |
| For fur | ther information concerning this matter, p                                                                                                     | olease call:                   |                                                                        |  |  |  |
| Leste   | r Joseph                                                                                                                                       | 352                            | 201-8180                                                               |  |  |  |
|         | Name of Person                                                                                                                                 |                                | Area Code & Daytime Telephone Number                                   |  |  |  |
|         | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg<br>Divi<br>P.O.            | istration Section sion of Corporations Box 6327 ahassee, Florida 32314 |  |  |  |
|         | Enclosed is a check for the following amount:                                                                                                  |                                |                                                                        |  |  |  |
|         | ■ \$25 Filing Fee                                                                                                                              | <b>□</b> \$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

| Florid                       |                                                                                                                                                                                                                                                                      | rtanan Ann                                        | ooiataa III                                   | •                                                                                                                       |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1. Na                        | ame of the limited liability company: Citrus Wor                                                                                                                                                                                                                     | rtgage Asso                                       |                                               | <u> </u>                                                                                                                |
| 2. (a)                       | 1300 Hwy 41 North, Ste. H, Inverness, Fl                                                                                                                                                                                                                             | 3445 (b)                                          | 1300 Hw                                       | y 41 North, Ste. H, Inverness, FI                                                                                       |
| •                            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)                                                                                                                                                                               |                                                   |                                               | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)                                             |
|                              |                                                                                                                                                                                                                                                                      |                                                   |                                               |                                                                                                                         |
|                              | 04/05/2017                                                                                                                                                                                                                                                           |                                                   | L1700007                                      | 7005                                                                                                                    |
| 3.                           | Date of filing/registration in Florida                                                                                                                                                                                                                               | 4.                                                | Ι                                             | Document number                                                                                                         |
| 5. (a)                       | Lester Joseph                                                                                                                                                                                                                                                        |                                                   |                                               |                                                                                                                         |
| ` '                          | Registered Agent and Registered Office shown on the record                                                                                                                                                                                                           | Dept. of State:                                   |                                               |                                                                                                                         |
|                              | 3164 E. Bryant St. Inverness, FL 34453                                                                                                                                                                                                                               |                                                   |                                               |                                                                                                                         |
|                              | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)                                                                                                                                                                                                           |                                                   |                                               | Tables                                                                                                                  |
|                              | 3164 E. Bryant St. Inverness, FL 34453                                                                                                                                                                                                                               |                                                   |                                               | <b>1 1 1 1 1 1 1 1 1 1</b>                                                                                              |
|                              | Inverness                                                                                                                                                                                                                                                            | , FL_34453                                        |                                               | NOF WILLIAM                                                                                                             |
| (b) .                        | Lester Joseph                                                                                                                                                                                                                                                        |                                                   |                                               | SEC A                                                                                                                   |
|                              | Enter name of NEW Registered Agent and/or NEW Registered Office address:                                                                                                                                                                                             |                                                   |                                               | 5 3 3                                                                                                                   |
|                              | 1300 Hwy 41 North Ste H                                                                                                                                                                                                                                              |                                                   |                                               | AIL<br>Ripa                                                                                                             |
|                              | NEW Registered Office Address:                                                                                                                                                                                                                                       |                                                   |                                               |                                                                                                                         |
|                              | 1300 Hwy 41 North Ste H                                                                                                                                                                                                                                              |                                                   |                                               |                                                                                                                         |
|                              | Inverness                                                                                                                                                                                                                                                            | , <sub>FL</sub> 34450                             |                                               |                                                                                                                         |
| the cha<br>agent v<br>was/we | imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membereles of organization or the operating agreement of | ss of the regised liability co<br>ers of the limi | tered office<br>mpany, it is<br>ted liability | and the business office of the registered<br>hereby confirmed that the change(s)<br>company or as otherwise provided in |
|                              | $\leftarrow$                                                                                                                                                                                                                                                         | Les                                               | ter Joseph                                    |                                                                                                                         |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member