L17000190943

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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2023 JAH 11 AN 9: 07

RECEIVED

A. BUTLER JAN 12 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| | ACCOUNT NO. | : | 12000000 | 195 | | | |
|--------------------------------------|-----------------|------|------------|-------------|---------|--|--|
| | REFERENCE | : | 343302 | 7941640 | | | |
| | AUTHORIZATION | : | Carell | denon | | | |
| | COST LIMIT | : | -/ K | | | | |
| ORDER DATE : Ja | anuary 10, 202 | 3 | | | | | |
| ORDER TIME : | l:42 PM | | | | | | |
| ORDER NO. : 34 | 13302-073 | | | | | | |
| CUSTOMER NO: | 7941640 | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: PARK SQUARE HOME MORTGAGE, LLC | | | | | | | |
| | | | | | | | |
| PLEASE RETURN TI | HE FOLLOWING AS | S PR | OOF OF FIL | ING: | | | |
| CERTIFII XX PLAIN ST | | | | | | | |
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| | | | | | | | |
| CONTACT PERSON: | Eyliena Baker | r | 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. | Na | me of the limited liability company: PARK SQUA | RE HOME | - N | MORTGAGE, LLC | | | |
|---------------------------------|---|--|---|------------------|--|---------------------|--------------------|--|
| 2. | (a) | | (| (b) |) | | | |
| | • / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | (-, | Mailing address of lin (Note: MAY BE P | rited lia | bility co | mpany: |
| | | 132 West Plant Street, Suite 210 | | | 132 West Plant Street, Suit | e 210 | | |
| | | Winter Garden, FL 34787 | | | Winter Garden, FL 34787 | | | |
| | | 09/12/2017 | | | L17000190943 | | | |
| 3. | | Date of filing/registration in Florida | 4. | - | Document number | er | | |
| 5. | (a) | | | | | | | |
| ٦. | (4) | Registered Agent and Registered Office shown on the records | s of the Floric | da I | Dept. of State: | | | |
| | | CORPORATE CREATIONS NETWORK INC. | | | | | 2023 JAN | |
| | | Registered Office Address (MUST BE FLORIDA STREET | ET ADDRES | <u>SS)</u> | ! | , ´ | JA | 7.7 |
| | | 801 US HWY 1 | | | | | | ••• |
| | | N PALM BEACH | FL_33408 | | | | Ā | .7: : |
| | | | | | | 15. | <u>۔</u> | العصدد. لوبين د |
| | (b) | | | | | _ | 07 | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office a | <u>dd</u> | <u>lress</u> : | , | | |
| | | Corporation Service Company | | | | | | |
| | | NEW Registered Office Address: | | | | | | |
| | | 1201 Hays Street | | | | | | |
| | | | | | | | | |
| | | Tallahassee | FL | | | | | |
| cha age wa | ange ent w s/we | mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street authorized by an affirmative vote of the member cles of organization or the operating agreement of the street authorized by an affirmative vote of the street authorized by a street auth | the register Hiability cors rs of the lin | red on nit | d office and the business off npany, it is hereby confirme ted liability company or as o | ce of t d that t | he regi the cha | istered inge(s) |
| / | S/ Jer | nnifer R Green | Jer | nni | ifer R Green, Authorized Pe | rson | | |
| | _ | ure of a member or authorized representative of a member | | | Printed or typed nan | _ | | |
| II pro the to i noi | nereb ovisio obli mere tified | ny accept the appointment as registered agent and completens of all statutes relative to the proper and complete gations of my position as registered agent as provide the reflect a change in the registered office address, in writing of this change. | | | in this capacity. I further ag nce of my duties, and I am fo hapter 605, F.S. Or, if this o nfirm that the limited liabilit E. KIRBY, ASST, VICE PRI | | | wwith the and accept eing filed as been |
| Sig | gnatur | e of Registered Agent | | | | | | |