Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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Email	Address:		 	

LLC REGISTERED AGENT CHANGE CRE LOANS, LLC

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A.D35

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Help

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.

r ioriaa 1. Na	me of the limited liability company: CRE Loa	ns, Ll	LC			
	121 S ORANGE AVE	(b)	121 S ORANGE AVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SUITE 1500		SUITE 1500			
	ORLANDO, FL 32801		ORLANDO, FL 32801			
	10/05/2017	L	L17000206182			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	FLORIN, JONATHAN D					
J. (a)	Registered Agent and Registered Office shown on the records of	istered Agent and Registered Office shown on the records of the Florida Dept. of State				
	121 S ORANGE AVE					
	Registered Office Address (MUST BE, FLORIDA STREET)	(ADDRESS)	<u></u> !			
	SUITE 1500					
	ORLANDO ET	32801				
		·				
(b)	Registered Agents Inc.		<u> </u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	hress.			
	3030 N. Rocky Point Dr.					
	NEW Registered Office Address					
	STE 150A	_				
	Tampa .FI	33607				
the cha agent w was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor of the limit limited lia	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in			
Signal	nure of a member or authorized representative of a member	1110)	Printed or typed name of signee			
I herei provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fan spritting of this change.	rec to act i performa od for in Ci nereby coi	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

President

Bill Havre

Signature of Registered Agent