118000122819

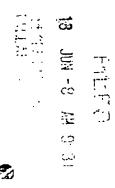
(Requestor's Name)				
(Address)				
(• • • • • • • • • • • • • • • • • • •				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Opecial instructions to 1 ming officer.				

Office Use Only



000314200520

98/08/18--01024--020 **25.00



O SIMMONS
JUN 1 3 2018

COVER LETTER

	ivision of Corporations			
SUBJEC'	Prime Rate Mortgage LLC			
oob o c		e of Limited Liability Company		
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning thi	s matter to the following:		
Gina Dif	3enedetto			
	Name of Person			
Prime R	ate Mortgage LLC			
	Firm/Company			
3939 Sa	apphire Palladium Dr			
	Address			
Boynton	Beach FL 33436			
	City/State and Zip Code			
Ginaflm	ortgages@gmail.com			
E-m	ail address: (to be used for future annu	ual report notification)		
For furthe	er information concerning this matter,	please call:		
Gina DiE	Benedetto	561 312-0837		
	Name of Person	Area Code & Daytime Telephone Number		
R D C 26	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
Z	\$25 Filing Fee	☐ \$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.

	ame of the limited liability company:		
?. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida		Document number
. (a)	Gina DiBenedetto		
. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	3939 Sapphire Palladium Dr		
	Boynton Beach , FI	33436	
	, [[
(b)			C IT
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	
			် ယ
	NEW Registered Office Address:		<u></u> - ≝
	3939 Sapphire Palladium Dr		
	Boynton Beach . FI	33436	
ie chi gent /as/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of the registered liability compan of the limited li climited liabilit	office and the business office of the register by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
Signa	ature of a member or authorized representative of a member		na Di Benedetto Printed or typed name of signee
rovis he oh o mer	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to act in the e performance of ed for in Chapto hereby confirm	is capacity. I further agree to comply with th of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file n that the limited liability company has been
Signati	wa Debancel (1865) ure of Registered Agent		