Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE DMV HOME FUNDING LLC

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10/3/2023 08 37 tf PDT To 13506176383 Page, 2/2 From Registered Agents Inc Fax: 91343652

## 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:		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/07/20		0000162810
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CHINTHAMANENI, NARASIMHA RAO		
(h)	Registered Agent and Registered Office shown on the records		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	1509 WINDY GAP PL		- <del></del> -
	VALRICO	FL_33594	2
	Northwest Registered Agent LLC		2023 OCT -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addres	
	7901 4th St N		
	NEW Registered Office Address:	······	
	STE 300		PM 12: 44
	St. Petersburg	33702 F1	
he ch igent vas/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of	s of the register d hability comp rs of the limite	red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	nture of a member or authorized representative of a member	Nat Smi	
I here provis he ob o mer totifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to get in	Printed of typed name of signee this capacity. I further agree to comply with the ee of my duties, and I am jamiliar with and accep- pter 603, F.S. Or, if this document is being filed irm that the limited liability company has been