


  
 Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
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### LLC REGISTERED AGENT CHANGE LMFA FINANCING, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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FEB 24 2023

11:11 AM

# 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. Name of the limited liability company: LMFA Financing, LLC

2. (a) Principal office address of limited liability company  
(Note: MUST BE STREET ADDRESS)

1200 W. Platt St., Suite 100

Tampa, FL, 33606

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1200 W. Platt St., Suite 100

Tampa, FL, 33606

11/23/2020

120000368842

3. Date of filing/registration in Florida

4. Document number

5. (a) Community Association Services, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 W. Platt St., Suite 100

Tampa, FL, 33606

C T Corporation System

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL, 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Richard Russell

Richard Russell

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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.*

By: C T Corporation System  
Signature of Registered Agent

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

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