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Office Use Only



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## '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	une of the limited liability company:	MORTG	AGE SOLL	JTIONS, LLC	
2. (a)	9500 RAY WHITE RD STE 200		7950 D	SUSTY WAY	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	FORT WORTH, TX 76244		FORT V	WORTH, TX 76123	
	02/18/2021	<del></del>	L210000	83479	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	REGISTERED AGENTS INC.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7901 4TH ST N, STE 300			tate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 SEC TA	
	ST. PETERSBURG . F	L_33702		FIL 2024 DEC 19 SECNETARA	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company			9 AM 9: 04  Y OF STATE ASSEE, FL	
				<u> </u>	
	NEW Registered Office Address:  1201 Hays Street				
	Tallahassee	L_32301			
change agent v was/we the arti /S/ K	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the eith Hill	e registe iability of of the li e limited	red office a company, it mited liabil liability co	and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  thorized Person	
_	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agens 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. It is writing of this change	ree to a e perfori ed for in hereby	et in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signatu	re of Registered Agent				

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

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