## 121000518865

(Re	questor's Name)			
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu:	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	J. H	lorne		
J. HORNE JAN 12 2023				

Office Use Only



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(6)

2023 JAN II PH 3 24 SECNETAN OF STATE ALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 343302 7941640					
AUTHORIZATION: Cycle Reman					
COST LIMIT : \$ 25.00					
ORDER DATE : January 10, 2023					
ORDER TIME : 1:41 PM					
ORDER NO. : 343302-055					
CUSTOMER NO: 7941640					
CHANGE OF AGENT					
NAME: HOMEOWNERS MORTGAGE, LLC					
DIFIGE DEFINITION THE POLYCUTUS AS DECCE OF THE PUR					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER:					

## 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. 1	Name of the limited liability company: HOMEOWNE	ERS MORTO	AGE, LLC
2. (a	)	(b)	
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	90 NORTH ROYAL TOWER DRIVE		90 NORTH ROYAL TOWER DRIVE
	IRMO, SC 29063		IRMO, SC 29063
	12/08/2021		L21000518865
3.	Date of filing/registration in Florida	4.	Document number
5. (a	n)		
J. (	Registered Agent and Registered Office shown on the records CORPORATE CREATIONS NETWORK INC	of the Florida	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>
	801 US HIGHWAY 1		7
	NORTH PALM BEACH	FI 33408	2023 SEC:
		1 12	
(b			Sing Control of the C
	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	ress:
	Corporation Service Company		## 8: 49
	NEW Registered Office Address:		. 49
	1201 Hays Street	<u> </u>	
	Tallahassee	32301	`~
		rL	
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	the registered liability cons s of the limi	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
/S/ .	lennifer R Green	Jenn	ifer R Green, Authorized Person
Sigi	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the or to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi- rely reflect a change in the registered office address.	igree to act i ite performai ded for in Cl I hereby cor	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
	ed in writing of this change.	GRACE E	. KIRBY, ASST. VICE PRESIDENT
Signa	ture of Registered Agent		