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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

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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	nine of the limited liability company:	LENDING L	LC
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)
	02/07/2022		2000064256
3.	Date of filing/registration in Florida	_ _{4.} _	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>		
	476 RIVERSIDE AVE.		
	JACKSONVILLE	L_32202	
	Northwest Registered Agent LLC		
(p)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	apt. of State:
	7901 4th St N		-
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, Fi	33702	
the cha agent v was/wa the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the register iability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
1/	ture of a member of authorized representative of a member	Nat Sm	
			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in e performanc ed for in Cho hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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

- Assistant Secretary

Taylor Newman

Signature of Registered Agent