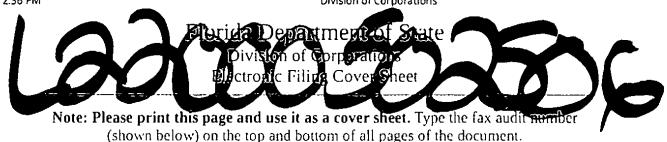
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE HOME LOANS GUARANTEED, LLC

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Corporate Filing Menu

12/15/2023 11:39:00 PS1.

To, 18506176383

Page: 2/2

From: Registered Agents Inc.

Fax: 8134365206

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	ane of the limited liability company:	ZARAIV					
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)				
		7901 4th St N STE 300		7901 4th S	t N STE 300			
		St. Petersburg FL 33702		St. Petersburg FL 33702				
		11/29/22		L220005025	06			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	C T CORPORATION SYSTEM						
٠.	(a)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET A	-					
		1200 SOUTH PINE ISLAND ROAD						
		PLANTATION , FL	33324		-			
		Registered Agents Inc			-			
(b)		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	-					
	7901 4th St N							
	NEW Registered Office Address:			٠ ن	ري ري ندر			
		STE 300				ب <u>ب</u> ا ب		
					-			
		St. Petersburg	33702			رح		
the dager was the	cha nt w /we artii	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility f the li limited	gistered office company, it is mited liability I liability con	e and the business office of s hereby confirmed that the y company or as otherwise	the regi: tchange(stered (s)	
 ;		ure of a member or authorized representative of a member	Ro —	bin Jones	District the state of the state			
I ho prov the to n nefi	erel visio obli iere fica	over of a member of authorized representative of a member of a composition of all statutes relative to the proper and complete gations of my provided by reflect a change in the registered agent as provided by reflect a change in the registered office address. I have in the provided of this change. David Roberts - Assistant Se	perford I for in tercby	nance of my o Chapter 605 confirm that	Printed or typed name of signed acity. I further agree to coductes, and I am familiar wis, F.S. Or, if this document the limited liability compan	mply wit	h the tecept filed ven	