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To:

Division of Corporations

Fax Number : (850)617-6383

To: 18506176383

From:

Account Name : REGISTERED AGENTS INC.

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

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

	Addres	

LLC REGISTERED AGENT CHANGE BEARING MORTGAGE GROUP LLC

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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.

I. N	ame of the limited liability company. Bearing Mortgage	Group 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)
	01/06/23		07843
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK, INC.		
ə. (a)	Registered Agent and Registered Office shown on the records of t		
	801 US HIGHWAY 1		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	FILED 2024 JAN 22 PM 1: 22 SEC DETARY OF STATE TAILAHASSEE FI
	NORTH PALM BEACH FL	33408	FILED 1024 JAN 22 PM SEC DETARY OF TAIL A HASSEE
(b)	Northwest Registered Agent LLC		ASSESSED ASSESSED
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	E ST
	7901 4th St N		22 ATE
	NEW Registered Office Address:		
	STE 300		<u> </u>
	St. Petersburg , FL	33702	
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of ability company, If the limited liab limited liability of	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
_/	ture of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
		aa ta aat in this a	•••
provis the ob to mer notifig	by accept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete j ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	performance of n I for in Chapter (hereby confirm th	apacity. I juriner agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
- <i> [/</i> 4	Taylor Newman - Assistant Se	ecretary	

Signature of Registered Agent