

# L23000274998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

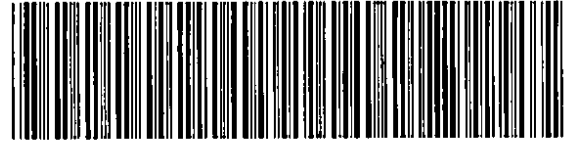
(Document Number)

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **July 07, 2023**

Account#: I20000000088

Name: **Claudia Camilus**

Reference #: **2049772**

Entity Name: **YOUR HOMETOWN LENDER, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$ 25.00**

Signature: \_\_\_\_\_  




**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
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COGENCYGLOBAL.COM

Date: July 07, 2023

Account#: 120000000088

Name: Claudia Camilus

Reference #: 2049772

Entity Name: YOUR HOMETOWN LENDER, LLC

☐ Articles of Incorporation/Authorization to Transact Business

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☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$ 25.00

Signature: \_\_\_\_\_

**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. Name of the limited liability company: YOUR HOMETOWN LENDER, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

No Change

No Change

3. June 6, 2023 4. L23000274998  
Date of filing/registration in Florida Document number

5. (a) SHINPAUGH, LINDA M  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

344 PRITCHARD ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TITUSVILLE, FL 32780

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun St., Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

2023 JUL -7 PM  
SECRETARY  
TALLAHASSEE  
D

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Linda Shinpaugh

Signature of a member or authorized representative of a member

Linda Shinpaugh

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Michael Carlisle

Signature of Registered Agent

**Michael Carlisle, Assistant Secretary**

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**