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PICK-UP WAIT MAIL

(Business Entity Name)
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Account#: 120000000088

Date:	10/24/2023						
Name:							
Reference #:	2156425	_					
Entity Name:	NEXT WAVE	MORTGAGE, LLC					
	es of Incorporation/Authorization						
Amen	dment						
✓ Chang	ge of Agent						
Reinst	tatement						
☐ Conve	ersion						
☐ Merge	er						
☐ Dissolution/Withdrawal							
Fictition	ous Name						
Other							
Authorized A	mount: \$25.00						
Signature:	, MANAGE						

F: 800.944.6607

+44 (0)20.3961.3080



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:1	0/24/2023	
	Juliana	
	2156425	
Entity Name:_	NEXT WAY	/E MORTGAGE, LLC
☐ Articles	s of Incorporation/Authorizati	on to Transact Business
☐ Amend	ment	
	e of Agent	
Reinsta	atement	
Conve	rsion	
Merger	•	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25.00	
Signature:	Suliana Presta	

P: 800.221.0102

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	NEXT WAVE MORTGAGE, LLC
SUBJECT.	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Phil Ganz	
Name of Perso	 កា
NEXT WAVE MO	ORTGAGE, LLC
Firm/Company	/
533 NE 3RD AVE, APT	Г 322
Address	
Ft Lauderdale, FL 3	33301
City/State and Zip	Code
ryan@nextwavemortga	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this	s matter, please call:
Phil Ganz	at (978) 852-6145
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	ESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	,
Enclosed is a check for the fo	ollowing amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

Name of the limited liability company:			Next Wave Mortgage, LLC		
2.	(a)	533 NE 3RD AVE APT 322		(b)	533 NE 3RD AVE APT 322
	\ <i>'</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	\ ' / 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		FT LAUDERDALE, FL 33301			FT LAUDERDALE, FL 33301
		9/6/2023			L23000413479
3.		Date of filing/registration in Florida		4.	Document number
5.	(a)	Vazquez & Associates			
J. (6	(11)	Registered Agent and Registered Office shown on the record	ds of the	Florida Dept. of St	ate:
		1111 Brickel Ave. Suite 15			
		Registered Office Address (MUST BE FLORIDA STRE			
		Miami	, FL	33131	P.7 1:59
	(b)	Cogency Global Inc.			59
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		115 North Calhoun Street, St			
		NEW Registered Office Address:			
		T. II.	-	22204	_
		Tallahassee	_, FL	32301	_
the ag wa	e cha gent v as/wo	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member icles of organization or the operating agreement of	ss of the ed liabi ers of th	e registered off lity company, i ne limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		Phil Ganz			Phillip Ganz
	Signa	ture of a member or authorized representative of a member	•		Printed or typed name of signee
pr th to	ovisi e obl mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	olete per vided to	formance of m ir in Chapter 6	v duties, and I am familiar with and accept 05. F.SOr. if this document is beine filed

Launan Thoma. Assistant Secretary Signature of Registered Agent