## MOO 60000 1157

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900337460009

12 16 19--01078--003 ++35.88

RECEIVED

DEC 0 9 2019

JOHN OF COTTON 3: 47

JAN 1 3 2020 C Michael R



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076958-210

Re: HOMESERVICES LENDING, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

ed liability company: ST OFFICE BOX)
7e,
6
19 DEC -9 PH 3: 48
2 200
الله ب
<b>6</b> 0 3
onfirmed that after office of the registered that the change(s) herwise provided in
e of signee
ee to comply with the niliar with and accep ocument is being filed company has been
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2