## M03000003142

(Re	equestor's Name)					
(Address)						
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(Cit	ty/State/Zip/Phone	e #)				
	_	_				
☐ PICK-UP	WAIT	MAIL.				
(Bu	isiness Entity Nan	ne)				
		<u> </u>				
(Document Number)						
Certified Copies	Certificates	of Status				
		or otatus				
Special Instructions to	Filing Officer					
Special instructions to	Filling Officer.					
	Office Use On	.t				



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09/08/14--01028--012 \*\*25.00



SEP 1 6 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: September 5, 2014

Order#: 267511-144

Re: BAYVIEW LOAN SERVICING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

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

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

OUCA.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.

1.	Na	me of the limited liability company: BAYVIEW LOAN	SERV	CING, LLC	
2.	(a)	4425 PONCE DE LEON BLVD., 4TH FLOOR	(b	)	
		Principal office address of limited liability company:	_ `	, <u></u>	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
•					
		CORAL GABLES FL 33146	_		
		09/23/2003		M030000	03142
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					::
1200 SOUTH PINE ISLAND ROAD					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		DIANTATION	22224		
		PLANTATION ,FL_	33324	· <u>·</u>	
	(b)	Corporation Service Company			Service serve
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	lress:	
					700
		1201 Hays Street			<b>69</b>
		NEW Registered Office Address:			
				·	
		Tallahassee, FL_	32301		
If	he li	mited liability company is not organized under the laws	c of the	State of Elo	arida it is haraby confirmed that often
the	cha	nge or changes are made, the Florida street address of t	he regis	tered office	and the business office of the registered
ag	ent v Is/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	bility co	mpany, it is ited liability	s hereby confirmed that the change(s)
the	arti	cles of organization or the operating agreement of the li	imited li	iability com	pany.
	مسمحين <sub>ة</sub>	Tologo	Dona	a Priebe, Au	uthorized Person
5	Signal	of a member or authorized representative of a member			Printed or typed name of signee
1)	nerel ovisi	by accept the appointment as registered agent and agre- cons of all statutes relative to the proper and complete p	e to act	in this capa	icity. I further agree to comply with the
the	obli	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The	for in C	hapter 605	F.S. Or, if this document is being filed
no	tified	ly reflect a change in the registered office address, I he in writing of this change	creay co	ngam mat t	не иншеи наонну сотрану наѕ веен
ج	<u>L</u>	Inaca Cotuble			
Sı	gnatu	e of Registered Agent Corporation Service Company	BY: G	race E. Kii	rby, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00