(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



LC 200424364342 RA & RO Charge

A. RAMSEY

MAR 44. 2024

CORPORATION SERVICE COMPANY

 $\mathcal{T}(x) = \mathbb{I}(x) + \mathbf{q}(x) + \cdots + \mathbf{q}(x) + \mathbf{q}(x)$

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 362963 1 8443777								
AUTHORIZATION :								
COST LIMIT : \$ 25.00								
ORDER DATE : March 13, 2024								
ORDER TIME : 2:27 PM								
ORDER NO. : 362963-010								
CUSTOMER NO: 8443777								
	-							
CHANGE OF AGENT								
NAME: CORNERSTONE COMMERCIAL MORTGAGES, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Amanda Miller								
EXAMINER'S INITIALS:	_							

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: CORNERSTONE	E COM	ME	ERCIAL MO	ORTGAGES, LLC	; 		
2.	(a)		(1	b)					
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• `	,	<u> </u>	tailing address of lim	nited liability company: OST OFFICE BOX)		
		530-A WEST THOMAS ST.			530-A WE	ST THOMAS ST.			
		MILLEDGEVILLE, GA 31061			MILLEDGEVILLE, GA 31061				
		01/16/2004			M0400000	0223			
3.		Date of filing/registration in Florida	4.	_		Document numbe	·r		
5.	(a)								
	ν/	Registered Agent and Registered Office shown on the records of t COGENCY GLOBAL INC.	nown on the records of the Florida Dept. of Star				2024 HAR 13		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 115 North Calhoun St. Suite 4					# -		
		Tallahassee, FL_	32301		<u></u>	1 -9 11	HAR 13 PHI		
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u> Corporation Service Company			<u>dd</u> 1	ress:	·	5		
		NEW Registered Office Address:							
		1201 Hays Street							
		Tallahassee , FL	32301						
ch ag wa	ange ent w is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed on nit	l office and ipany, it is ed liability	the business offi- hereby confirmed company or as o	ce of the registered d that the change(s)		
/s/ Leigh Chambers					Leigh Chambers, Authorized Person				
	Signat	ure of a member or authorized representative of a member				Printed or typed nam	ne of signee		
pr the to	ovisie e obli mere	by accept the appointment as registered agent and agre 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, I ha I in writing of this change.	e to act perform for in (ereby co	t it var Ch on	n this capa ace of my d apter 605, afirm that th	city. I further agg uties, and I am fa F.S. Or, if this d he limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been		
Si	gnatur	re of Registered Agent	GRACE	3 6	E. KIRBY.	ASST. VICE PR	ESIDENT		