M0400005124

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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O BUTES



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: July 31, 2013

Order#: 735856-009

Re: LENDERS PROTECTION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Alex Smetana

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.

QUCA.XCOA

18 AUG 13 FM 4: 16

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: <u>LENDERS PR</u>	OTECTION, LLC	· · · · · · · · · · · · · · · · · · ·		····
2. (a) Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 901 S. Mopac Expresswa Bldg.1, Ste 250 Austin, TX 78746	ny	<u>ಪ</u>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7.66.11, 7.7.70		≱ UG 3	CHESTA Section
11/23/2004	M04000005124	173 mm.	f.	
3. Date of filing/registration in Florida	4. Document number	741.7 741.7 741.73	2	
5. (a) Registered Agent and Registered Office shown o Registered Agent:	n the records of the Florida	Dept. of S	State:	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324			
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office add	lress:		
NEW Registered Agent: Corporation Service Company		pany		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			
	Tallahassee	,FL	32301	<u> </u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a (s) was/were authorized by wise provided in the articles	e registere	d offi	ce ote of
Dona Priebe, Authorized Person Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the j and I am familiar with and accept the obligations of my j Chapter 608, F.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa	l agree to act in this capaci proper and complete perfor position as registered agen nerely reflect a change in ti iny has been notified in wri	ty. I furth mance of i t as provid he register ting of this	er agn my du led fo ed off s char	ree to ities, r in fice ige.
By: ly august				
Signature of Registered Ogent Corporation Service Company				
Division of Corporations, P.O. Box (6327, Tallahassee, FL=32.	514		

FILING FEE: \$25.00