

MO6 000000902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

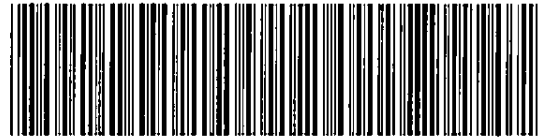
(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



200426312322

2024 MAR 28 AM 9:59  
TALLAHASSEE, FL

RECEIVED  
CORPORATION OFFICE  
TALLAHASSEE, FLORIDA

2024 MAR 28 AM 11:21

RECEIVED

S. HUNT

03/03/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext:  
Date: 03/27/24  
Order #: 1464649-1  
Re: Service Finance Holdings, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00

:120000000195

AUTH

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

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

FILED  
MAR 28 AM 9:59  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SERVICE FINANCE HOLDINGS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HASANA STANBERRY

\_\_\_\_\_  
Name of Person

TRUIST BANK

\_\_\_\_\_  
Firm/Company

214 N TRYON STREET - 44TH FL

\_\_\_\_\_  
Address

CHARLOTTE, NC 28202

\_\_\_\_\_  
City/State and Zip Code

HASANA.STANBERRY@TRUIST.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HASANA STANBERRY

704

954-2614

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following 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.*

1. Name of the limited liability company: SERVICE FINANCE HOLDINGS, LLC
2. (a) 555 SOUTH FEDERAL HIGHWAY  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
SUITE 200  
BOCA RATON, FLORIDA 33432
- (b) 214 N. TRYON STREET  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
44TH FL. C/O HASANA STANBERRY  
CHARLOTTE, NC 28202
3. 02/08/2006 Date of filing/registration in Florida
4. M06000000902 Document number
5. (a) MARK BERCH  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
555 SOUTH FEDERAL HIGHWAY  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE 200  
BOCA RATON, FL 33432
- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
Corporation Service Company  
**NEW** Registered Office Address:  
1201 Hays Street  
  
Tallahassee, FL 32301

2006 FEB 08 AM 9:59  
FILED  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark Berch  
Signature of a member or authorized representative of a member

MARK E. BERCH  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Shauna Godbolt  
Signature of Registered Agent