

4/7/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000103157 3)))



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Division of Corporations  
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Phone : (608)827-5300  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

bturner@surety-title.com  
Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
SURETY LENDER SERVICES, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

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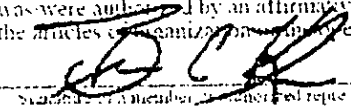
FAX AUDIT H20000103157 3

## 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:

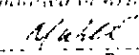
1. Name of the limited liability company: Surety Lender Services, LLC
2. (a) 16000 Horizon Way Suite 200  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)  
Mount Laurel, New Jersey 08054
- (b) 16000 Horizon Way Suite 200  
Mailing address of limited liability company.  
(Note: MAY BE POST OFFICE BOX)  
Mount Laurel, New Jersey 08054
3. 2/9/2007  
Date of filing registration in Florida.
4. M07000000786  
Document number.
5. (a) C F Corporation System  
Previous 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)  
Plantation FL 33324
- (b) Business Filings Incorporated  
Former name of NEW Registered Agent and/or NEW Registered Office address  
1200 South Pine Island Road  
NEW Registered Office Address.  
Plantation FL 33324

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 operating agreement of the limited liability company.

  
\_\_\_\_\_  
Signature of a member, authorized representative of a member

Brian C. Klaus, Manager  
\_\_\_\_\_  
Printed or typed name of signer

I hereby accept my 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.

  
\_\_\_\_\_  
Signature of Registered Agent

Mark Williams, AVP, Business Filings Incorporated  
\_\_\_\_\_  
Printed or typed name of signer

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

DH516 (2-10)

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