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EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 853526 7681670

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE: January 9, 2009

ORDER TIME : 11:55 AM

ORDER NO. : 853526-059

CUSTOMER NO: 7681670

CHANGE OF AGENT

NAME: GREEN PLANET MORTGAGE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

. 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: GREEN PLA	ANET MORTGAGE, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Lake Zurich, IL 60047	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2300 N Barrington Road Suite 100 Hoffman Estates, IL 60169	
10-03-2007	M07.0000005955	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Incorp Services, Inc.	
Registered Office Address:	17888 67th Court North Loxahatchee, FL 33470	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company	
<u> </u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
•	Tallahassee ,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge of the registered that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited	
(Signature of a member or authorized representative of a member)	f organization or the operating agreement of the	
(Signature of a member or authorized representative of a member) Maureen Cullen, Authorized Person (Printed or typed name of signee)		
(Signature of a member or authorized representative of a member) Maureen Cullen, Authorized Person	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	

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