

M080000003310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/12--01040--021 **25.00

FILED
12 MAR 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Giffen

MAR 28 2012

March 19, 2012

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Fay Servicing, LLC**

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

A handwritten signature in black ink that reads "Patti Hernández". The signature is written in a cursive, flowing style.

Patti Hernández
REGISTERED AGENT SOLUTIONS, INC.

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: FAY SERVICING, LLC

2. (a) Principal office address of limited liability company: 939 W. NORTH AVE., SUITE 680

(Note: **MUST BE STREET ADDRESS**)

CHICAGO IL 60642

(b) Mailing address of limited liability company:

939 W. NORTH AVE., SUITE 680

(Note: **MAY BE POST OFFICE BOX**)

CHICAGO IL 60642

07/15/2008

3. Date of filing/registration in Florida

M08000003310

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

BUSINESS FILINGS INCORPORATED

Registered Office Address:

515 E. PARK AVENUE
TALLAHASSEE FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Registered Agent Solutions, Inc.

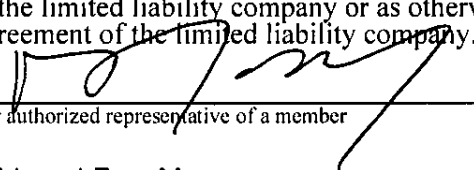
NEW Registered Office Address:

155 Office Plaza Dr. Suite A

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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.


Signature of a member or authorized representative of a member

Edward Fay, Manager

Printed or typed name of signer

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 608, 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

Art Flores, Asst. Sec.

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

FILING FEE: \$25.00