MOS 000003310

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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AB

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 580554 8452857						
AUTHORIZATION : CARROLLES						
COST LIMIT : \$ 25.0						
ORDER DATE : August 6, 2024						
ORDER TIME : 12:15 PM						
ORDER NO. : 580554-083						
CUSTOMER NO: 8452857						
CHANGE OF AGENT						
NAME: FAY SERVICING, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt						

EXAMINER'S INITIALS:

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.	Na	me of the limited liability company: FAY SERVICIN	IG, LLC		
)
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	υ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5426 Bay Center Drive Suite 300			1601 LBJ Hwy Attn Licensing Manager Suite 150
		Tampa, FL 33609-3401			Farmers Branch, TX 75234
		07/15/2008		i	M08000003310
3.		Date of filing/registration in Florida	− 4.		Document number
5. ((a)				
	` ′	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	the Florid	ia f	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	 :S)	
		2894 REMINGTON GREEN LANE SUITE A			
		TALLAHASSEE	32308		
		. FI			
(b)				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Office Address:			
		1201 Hays Street			·
		Tallahassee FI	32301		
char ager was/	ige it w /we	mited liability company is not organized under the lar or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	register ability co of the lin	ed om nit	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	18	S/ JILL CILMI	JIL	L (. CILMI, AUTHORIZED PERSON
Sig	gnati	ure of a member or authorized representative of a member			Printed or typed name of signee
prov the c to m	usic obli ierc	y accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I have the properties of this change.	ree to acc perform d for in 6 hereby c	t in lan Ch 'on	in this capacity. I further agree to comply with the mee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Sign	Latur	e of Registered Agent	GR.	A(ACE E. KIRBY, ASST. VICE PRESIDENT