

1109000000607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900211095839

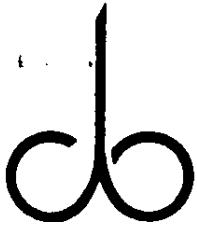
10/07/11--01011--008 \*\*25.00

FILED  
11 OCT -7 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 10 2011

EXAMINER



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

BILL WOODYARD  
President

October 4, 2011

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

Dear Sir/Madam:

Enclosed please find the necessary document to change the registered agent of **Hudson Servicing Solutions Limited Liability Company** in your state.

I trust this letter and the enclosed document places them in compliance with your state statutes. **I have also enclosed an application copy and an SASE to notify us upon completion.** If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony  
Corporate Qualification Division

/bsa

Enclosures

FILED  
11 OCT -7 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Hudson Servicing Solutions Limited Liability

2. (a) Principal office address of limited liability company: Company

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

6 Harrison Street, 5th Floor  
New York, NY 10013

(b) Mailing address of limited liability company: same

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

02/12/2009

M09000000607

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: Registered Agents Legal Services, LLC

Registered Office Address: 155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

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

**NEW** Registered Agent: NRAI Services, Inc.

**NEW** Registered Office Address: 515 East Park Avenue  
**(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.

Edward Nugent Jr.  
Signature of a member or authorized representative of a member

Edward Nugent, Jr.

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 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.*

by: NRAI Services, Inc./WHL Woodward IV

Signature of Registered Agent

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

**FILING FEE: \$25.00**