

109000003312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

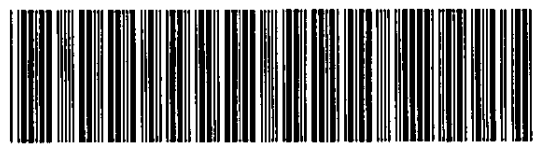
(Business Entity Name)

(Document Number)

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2015 SEP 14 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 17 2015



118 West Edwards
Suite 200
Springfield, Illinois 62704

telephone: (217) 789-7550
(888) 927-7550
fax: (217) 789-7570
e-mail: corp-links.com

FILING/RECORDING REQUEST

To: Florida Division of Corporations
Date: 9-9-2015
From: Lisa Workman

RE: Specialized Asset Management LLC
Specialized Loan Servicing LLC
Specialized Title Services LLC

Please file ROUTINE:

Type of Document: Change of Agent

- File with the Secretary of State of Florida
- Record with the County of
- Enclosed check for filing fees \$75.00 (\$25.00 each)
- Please advance fees
- Obtain certified copy(ies)
- Obtain good standing/existence
- Proof of filing needed
- Return Fedex using our #2313-3955-8
- Priority Standard
- Return first class mail-Envelope enclosed
- Call with verbal confirmation
- E-mail confirmation lisa@corp-links.com
- Fax filing to:

- Fax Number:

Ship To:

Thank you in advance for you assistance.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialized Asset Management LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Workman

Name of Person

Corp-Link Services, Inc.

Firm/Company

118 W. Edwards, Suite 200

Address

Springfield, IL 62704

City/State and Zip Code

lisa@corp-links.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Workman at (888) 927-7550

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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: Specialized Asset Management LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
8742 Lucent Blvd., Suite 650
Highlands Ranch, CO 80129

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
8742 Lucent Blvd., Suite 650
Highlands Ranch, CO 80129

3. August 24, 2009 Date of filing/registration in Florida

4. M09000003312 Document number

5. (a) Capitol Corporate Services Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
155 Office Plaza Dr., Suite A, Tallahassee, FL 32301

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

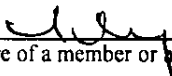
(b) NRAI Services, Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324


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TALLAHASSEE, FLORIDA

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

Amanda Darby, Secretary
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 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.

By: 
Signature of Registered Agent