## M09000003847

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DIVISION OF CORPORATION OF 29 38

N. Culligar: JUN 1 4 2011

## **COVER LETTER**

Division of Corporati	ons		
SUBJECT:		SERVICING, LLC	
	Name of Limited	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered Age	ent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this m	natter to the following:	
Stonhon	1 Pornetoin		
Name of	J. Bernstein Person		
DEFAULT SE	RVICING, LLC		
Firm/Co		<del></del>	
950 South Pine	Island Suite A-150		
Addre	SS		
	n, FL 33324		
City/State ar	d Zip Code		
ah amatain Odia			
sbernstein@djs E-mail address: (to be used for f	penterprises.com uture annual report notification	on)	
N C			
For further information conc	erning this matter, pie	ase can:	
Stephen J. Bern	etoin	954 ) 727-8217	
Name of Person	stein at (_	954 ) 727-8217  Area Code & Daytime Telephone Number	-
STREET/COURIER	ADDRESS:	MAILING ADDRESS: Registration Section	
Registration Section Division of Corporation	ne.	Division of Corporations	
Clifton Building	13	P.O. Box 6327	
2661 Executive Center	Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32		- 4114111111111111111111111111111111111	
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 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.

, and the second	
Name of the limited liability company:	DEFAULT SERVICING, LLC
2. (a) Principal office address of limited liability comp	any:
(Note: MUST BE STREET ADDRESS)	950 South Pine Island Suite A-150 Plantation, FL 33324
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	950 South Pine Island Suite A-150 Plantation, FL 33324
1/3/11	M0900003847
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State
Registered Agent:	Stephen J. Bernstein
Registered Office Address:	900 South Pine Island Suite 400 Plantation, FL 33324
NEW Registered Office Address	Stephen J. Bernstein
NEW Registered Office Address:	950 South Pine Island Suite A-150
(MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as office or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member Stephen J. Bernstein	e Florida street address of the registered office
Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 618, F.S. Or, if this document is being filed to had less), therety confirm that the limited liability compand	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
Signature of Reofeleted Agem	
Division of Corporations, P.O. Box 6 FILING FEE:	