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2/1/2018

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000381553)))



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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

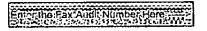
4 LLC REGISTERED AGENT CHANGE LOANDEPOT.COM, LLC

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: loanDepot.com, L	LC				
	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
Mary Castillo					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Suite 300	·				
Address					
Austin, TX 78744					
City/State and Zip Code	<u> </u>				
notices@rasi.com					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter,	please call:				
Mary Castillo	888 705-7274				
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:					
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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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. N	ame of the limited liability company: loanDep	ot.com, L	LC			
2. (4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	26642 Towne Centre Drive Foothill Ranch, CA 92610	_	≅26642 Towne Centre Drive ⊱Foothill Ranch, CA 92610			
	12/15/2009	ľ	M09000004891			
3.	Date of filing/registration in Florida	4.	Document nuit	nber		
5. (a	Registered Agent and Registered Office shown on the records CT CORPORATION SYSTEM	s of the Florida 1	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Registered Agent Solutions, Inc.	ered Office add	FCSS:	18 FT 3 - 1		
	NEW Registered Office Address:			0: 13: 10:		
	155 Office Plaza Dr., Suite A	·	<u>. </u>	0: 23		
	Tallahassee	, FL 32301	•	ψ <u> </u>		
the clagent was/v	limited liability company is not organized under the sange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the S ss of the regist ed liability cor ers of the limi f the limited li	tered office and the busing impany, it is hereby confir- ted liability company or a ability company.	med that the change(s) is otherwise provided in		
/s/	Potor Macdonald	Pe	er Macdonald	General Counsel/EVF		
Sier	ature of a member or authorized representative of a member	-	Printed or typed			
I her provi the oi to me notifi	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as proved rely reflect a change in the registered office addressed in writing of this change.	l agree to act nlete performa vided for in C is, I hereby co	in this capacity. I further ince of my duties, and I ar hapter 605, F.S. Or, if th infirm that the limited liab	agree to comply with the in familiar with and accept is document is being filed willy company has been		
	Justine Karnell	-				
Signa	ture of Registered Agent Assistant Secretary	O D	- Tallahaanee El 33314			
	Division of Corporations • P. FILIN	.O. Box 6327 [G FEE: \$25.				

INHS18 (2/14)