M16000000220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 03 2017

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 30 PM 4:05

REGISTERED AGENT SOLUTIONS INC

Corporate Office
1701 Directors Blvd.
Suite 300
Austin, TX 78744

(888) 705-7274 *Phone*
(888) 706-7274 *Fax*
www.rasi.com *Web*

December 22, 2016

Registration Section
Division of Corporations
Clifton Building – 2661 Executive Center Cr.
Tallahassee, FL 32301

RE: Statement of Change of Registered Office

To Whom It May Concern:

Enclosed please find the following for filing with the Florida Division of Corporations:

- One original and one copy of the Statement of Change of Agent form.
- Filing fee of $25.00 enclosed.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274.

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16 DEC 30 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Mary Castillo
Registration Specialist
Registered Agent Solutions, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OpenRoad Lending, 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:

Phillip Karnell
Name of Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd, Suite 300
Address

Austin, TX 78744
City/State and Zip Code

notices@rasi.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Phillip Karnell at (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:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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: OpenRoad Lending, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

5555 N. Beach Street Ste 4100

Fort Worth TX 76137

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5555 N. Beach Street Ste 4100

Fort Worth TX 76137

3. Date of filing/registration in Florida: 01/19/2010

4. Document number: M10000000220

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI Services, Inc.

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

1200 South Pine Island Road

Plantation, FL 01/05/2011

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

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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16 DEC 30 PM 4:05
SECRETARY OF STATE
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 [illegible] agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jeffrey Scott Austin Manager

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 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.

Signature of Registered Agent

Justine Karnell
Assistant Secretary

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)