## M 10000005305

(Requestor's Name)				
(Address)				
(Address)				
y/State/Zip/Phon	e #)			
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
_ Certificate	s of Status			
Special Instructions to Filing Officer:				
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	dress)  dress)  y/State/Zip/Phon  WAIT  siness Entity National cument Number; Certificate			





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SEP 1 6 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: September 5, 2014

Order#: 267514-123

Re: LAKEVIEW LOAN SERVICING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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: LAKEVIEW LOA	N SER	ICING, LL	<u>c</u>
2 (a)	4425 PONCE DE LEON BLVD. 5TH FLOOR	_ (b	`	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES FL 33146	_		
	12/02/2010	_	M100000	05305
3.	Date of filing/registration in Florida	4.		Document number
5. (a	C T CORPORATION SYSTEM			
J. (4	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Stat	– e:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address	DDRESS	<u> </u>	_
	PLANTATION ,FL	33324		-
(h)	Corporation Service Company			R M
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	lress:	- 1 teners
	1201 Hays Street			
	NEW Registered Office Address:			5.5.2.5.2.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2
			····	-
	Tallahassee, FL_	32301		_
the chagent was/w the ar Sign I herr provise the obtone notification.	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liable at the control of the members of ticles of organization at the operating agreement of the liable accept the appointment as registered agent and agree of a listatutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have of Registered Agent Corporation Service Company	he regis polity co the lim imited I  Don e to act performation for in Cereby co	tered officempany, it is ited liability con a Priebe, A in this capance of my chapter 600 onfirm that	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.  Authorized Person  Printed or typed name of signee  activ. I further agree to comply with the

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