## M10000005413

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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CS/C7/24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 554749 7236625

AUTHORIZATION

COST LIMIT : \$/25,00

ORDER DATE : July 17, 2024

ORDER TIME : 3:27 PM

ORDER NO. : 554749-150

CUSTOMER NO: 7236625

## CHANGE OF AGENT

NAME: ART MORTGAGE BORROWER OPCO

2010 - 5 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

## 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: ART MORTGAG	GE BOF	RROWER C	OPCO 2010-5 LLC			
2. (a)	10 Glenlake Parkway NE 600 South Tower	,	10 Glenlake Parkway NE 600 South Tower				
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Atlanta, GA 30328	<del></del> -	Atlanta,	GA 30328			
			<del></del>				
	12/08/2010	_	M100000	05413			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
,	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Floric	la Dept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET)	_					
	1200 SOUTH PINE ISLAND ROAD		15-3				
	PLANTATION FL	33324			, mer.		
			<del>-</del>	Allasse,	,		
(b)					; -1	•	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddress:		AH.	Chhar	
	Corporation Service Company			E, FL	AH 9: 1	The second	
	NEW Registered Office Address:	· · ·		_ <u> </u>			
	1201 Hays Street	<del></del>					
	Tallahassee F1.	32301					
change agent w was/we he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the laws to the l	register bility co f the lin imited	ed office an ompany, it i nited liabilit liability con	nd the business office is hereby confirmed the ty company or as other many.	of the re hat the c erwise p	egistered	
/s/Nathan H. Harwell  Signature of a member or authorized representative of a member			Nathan H. Harwell, Authorized Person				
	·			Printed or typed name of	-		
he obli o mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha in writing of this change.	e to act perform for in ( ereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further agree duties, and I am fami 5. F.S. Or, if this doc the limited liability c	to compliar with ument is ompany	ply with the hand accept being filed has been	
<u> </u>	Lhace C. Kuble						
Signatur	e of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)