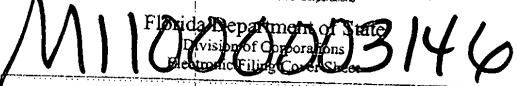
Division of Corporations



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(((H18000278565 3)))



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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 128188888862

Phone

: (888)705-7274

Fax Number

: (888)796-7274

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

Email Address:

## LLC REGISTERED AGENT CHANGE CENTENNIAL LENDING GROUP, LLC

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## COVER LETTER

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TO:

Registration Section Division of Corporations

CENTENNIAL LENDING GROUP, LLC

Name of Limited Liability Company

Dear Sir or Madanı:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this 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		
notices@rasi.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter, p		
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 as	mount:	
2 \$25 Filing Fee	S55 Filing Fee & Certified Copy	

☐ \$55 Filing Fee & Certified Copy

INHS 18 (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	fame of the limited liability company:	CENTENN	IAL LENDING	GROUP	P, LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)Mailing address of limited liability company:			
	1126 HORSHAM ROAD		(Note: MAY BE POST OFFICE BOX)			
			1126 HORSH			
	MAPLE GLEN, PA	19002	MAPLE GLEN	, PA	19002	
	06/20/2011	•	1111000000			
3.	Date of filing/registration in Fl		M11000003	146		
		orida 4.	Document r	umber		
5. (a)	Registered Agent and Registered Office shown o					
	M RRADI EV SALIAIT	at the records of the Flo	rida Dept. of State.	<del>-</del> 6		
	W. BRADLEY MUNF Registered Office Address MUST BE FLORE	RUE, P.A.		St	*******	
	239 E. VIRGINIA STREET	MUASTREET ADDRI	<u> </u>	~	3	
	TALLAHASSEE, FL 32301			į.		
	·			••	至し	
413				610	بي	
(b)	Enter name of NEW Registered Agent and/or N	PW Parietand Office	A. J. J	77 () 77	$\bar{\omega}$	
		EP WESKIN ORG	nagress:			
	Registered Agent Solutions, Inc.					
	NEW Registered Office Address:		<del></del>			
	155 Office Plaza Dr., Suite A					
	Tallahassee	<sub>F1</sub> 3230	1			
•			<del></del>			
agent w was/we the artic	mited liability company is not organized age or changes are made, the Florida stre- rill be identical. Or, in the case of a Flori- re authorized by an affirmative vote of the cles of organization or the operating agree	er address of the reg da limited liability to members of the li	distered office and the busi company, it is hereby conf mited liability company	ness office of the	e registered	
	an Muienor	<u>_</u> <u>S</u>	usan Meitner	09/2	4/2018	
	are of a member or authorized representative of a r			d name of signee		
r nereo provisió he obli to merei sotified	y accept the appointment as registered a ins of all statutes relative to the proper a gations of my position as registered agen by reflect a change in the registered office in writing of this change.	gent and agree to a nd complete perfor it as provided for in e address, I hereby	ct in this capacity. I furthe nance of my duties, and I o Chapter 605, F.S. Or, if i confirm that the limited lia	r ugree to com un familiar with his document is bility company	nly with the and accept being filed has been	
Signature	Justine Karnell Justine Karnell Assistant Secretar	<del></del>				
	- //		and the same of			
	V MVISION OF COPPORATE	onso P.O. Box 631 FILING FEE: \$2	7• Tallahassee, FL 3231 5.00	4		