Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA00000023
Phone: (614)280-3338 Fax Number

: (614)280-3320 : (954)209-0845

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

Email Address:

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LLC REGISTERED AGENT CHANGE AMERICAN RESIDENTIAL LEASING COMPANY, LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	of Limited Liability Company
	Name	T Elitated Elability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
	Name of Person	·
	Firm/Company	
	Address	
	City/State and Zip Code	·
	E-mail address: (to be used for future annua	I report notification)
For fu	orther information concerning this matter, pl	case call:
		at () Area Code & Daytime Telephone Number
	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 Tallahassec, Florida 32314
	Enclosed is a check for the following a	mount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INIISI	18 (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 understgned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: AMERICAN RE	SIDENTIAL LE	ASING COMPANY, LLC
(a)	30601 Agoura Road Suite 200L Agoura Hills, CA 91301		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/17/2012	.M1200	00007020
	Date of filing/registration in Florida	4.	Document number
(a)	NRAI SERVICES, INC		
5. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	PLANTATION	33324	FEB - 2
	,FL	.	
<i>a</i> . \			<i>Ψ</i> . IV
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
		·	
	C T Corporation System		an a
	NEW Registered Office Address:		
	1200 South Pine Island Road		
			
	Plantation	33324	
ie cha	imited liability company is not organized under the lay	ws of the State	office and the business office of the regis
gent v as/we	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icless of organization or the operating agreement of the	ability compan of the limited li limited liabilit	y, it is hereby confirmed that the change(s iability company or as otherwise provided by company.
	Melice Aslar	Melissa No	
_	ture of a member or authorized representative of a member	્વે	Printed or typed name of signee
here.	by accept the appointment as registered agent and agi ions of all statules relative to the proper and complete	ree to act in thi performance (is capacity. I further agree to comply with of my duties, and I am familiar with and acc
orgre	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this shange. Orporation System	pa for in Chapi hereby confirm Alfred Yo i	er 605, F.S. Or, if this document is being f i that the limited liability company has bee UNAN

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00