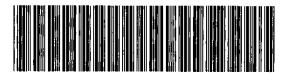
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Special Instructions to Filing Officer:					

Office Use Only



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05/04/16--01021--002 **25.00





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 3, 2016

Order#: 105347-143

Re: TAX EASE FL REO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Janis M. Smith

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.

	ame of the limited liability of	-		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DALLAS	T> 75254		
	03/01/2013		M1	3000001337
3.	Date of filing/regi	stration in Florida	4.	Document number
5. (a)	C T CORPORATION S	YSTEM		
5. (a)	Registered Agent and Registered		f the Florida Dept.	of State:
	1200 SOUTH PINE ISLA	ND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	_	·	,	The Colombia
	PLANTATION	, FI	L <u>33324</u>	
(b)	Corporation Service Com			——————————————————————————————————————
	Enter name of NEW Registered	Agent and/or NEW Registere	d Office address:	
	1201 Hays Street			
	NEW Registered Office Addres	5:		•
				
	Tallahassee	, F1	L_32301	
the cha agent v was/we the arti	nge or changes are made, the vill be identical. Or, in the cre authorized by an affirmaticles of organization or the control of the control o	ne Florida street address of case of a Florida limited litive vote of the members operating agreement of the	of the registered iability compar of the limited l e limited liabili	Authorized Person
_	ure of a member or authorized rep			Printed or typed name of signee
provisi the obl to merc notified	by accept the appointment a ons of all statutes relative t igations of my position as r ly reflect a change in the re in writing of this change re of Registered Agent Corpore	o the proper and complete egistered agent as provide egistered office address, I	e performance ed for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept of 605, F.S. Or, if this document is being filed in that the limited liability company has been E. Kirby, Assistant Vice President