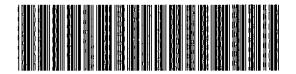
## M13000003729

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

Office Use Only



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06/19/15--01023--026 \*\*25.00

THE TOTAL SECRETARY OF STATE

..!'IN 2 2 791". T. PARIOTT



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 lindsey.lockard@cscglobal.com

Date: June 17, 2015

Order#: 641162-002

Re: CAPITAL PARTNERS MORTGAGE, 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.	Na	me of the limited liability company: CAPITAL PARTN	ERS M	ORTGAGE	, LLC			
2.	(a)	4000 W. Brown Deer Road	(h	)				
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Brown Deer WI 53209	-					
		06/13/2013		M130000	03729			
3.		Date of filing/registration in Florida	4.		Document numbe	r		
5.	(a)	NRAI Services, Inc.						
٠.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- ::			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS	2	•			
		Plantation , FL_	33324	ļ				
	(b)	Corporation Service Company				SECH	15 J	escioni
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	dress:		H. T	Œ	arearer F F
		1201 Hays Street				SSEE, F	9 ##	m
		NEW Registered Office Address:				F STATE , FLORID	H :: 0	Ö
					-	DA MO	5	
		Tallahassee , FL	32301					
the ag wa	e cha ent v as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the tight is identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liable trees.	he regis bility co the lim mited l	stered office ompany, it is ited liability iability com	e and the business is hereby confirmed y company or as of apany.	office o d that th	f the r e chan	egistered ige(s)
_	Signat	ure of a member or authorized representative of a member		ia Filebe, A	uthorized Person  Printed or typed nam	e of signe	e	
pr the to	ovisi e obl merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act erform for in C ereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further ag duties, and I am fa i, F.S. Or, if this d the limited liability	ree to co miliar v locumen y compo	omply with ar it is be iny ha.	with the ad accept ing filed s been
Si	<u>人</u> gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kii	by, Asst. VP			

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