## 113000003885

	(Requestor's Name)				
	(Address)				
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PICK-UP	WAIT MAIL				
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(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: November 14, 2018	
Name: KEN HOWELL	
Reference #:1008703	
Entity Name: GRANDE PALISADES LOAN HOLDINGS, LL	<u>c</u>
☐ Articles of Incorporation/Authorization to Transact Busine	ess
☐ Amendment	
✓ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25.00 Signature:	

## 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	. Name of the limited liability company: GRANDE PALISADES LOAN HOLDINGS, LLC					
2. (a)	AO DANDI IDV DOAD		, c/o v	VESTPORT CAPITAL PARTNERS, LLC		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	· / <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WILTON, CT 06897			40 DANBURY ROAD		
		_		WILTON, CT 06897		
	06/18/2013			M13000003885		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			75		
				<del>-</del> 159		
	TALLAHASSEE , FL	323	01-2525	- T		
	,			<del></del>		
(b)	COGENCY GLOBAL INC.			<u>_</u>		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	115 North Calhoun Street, Suite 4	l		23		
	NEW Registered Office Address:			<del></del>		
	;					
	Tailahassee , FL	(	32301			
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	s of the the regi bility c f the lin	stered of ompany, nited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in		
	/S/ Marc Porosoff			Marc Porosoff		
J	ture of a member or authorized representative of a member		,	Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perform for in ereby c	t in this d lance of l Chapter confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		

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

Tim Mayville, Assistant Secretary

Signature of Registered Agent

/S/ Tim Mayville