M1300000 5987

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RIBAU

COVERLETTER

TO:	Registration Section Division of Corporations					
SUBJI	BAYSHORE MORTGAGE FUNDING LLC					
SOBIL	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	tter to the following:				
Kerra	Childress					
•	Name of Person					
Parac	corp Incorporated					
	Firm/Company					
2804	Gateway Oaks Dr #100					
	Address					
Sacra	amento, CA 95833					
-	City/State and Zip Code					
parac	orp@myparacorp.com	/				
E	-mail address: (to be used for future annual re	port notification)				
For fur	ther information concerning this matter, pleas	se call:				
Kerra	Childress at	800 533-7272				
	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 amo	unt:				
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHST	8 (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 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 company: BAYSHORE			TOING LLC			
2. (a)	Principal office address of limited liability company:	(b)_		failing address of limite			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,,	failing address of limite (Note: MAY BE POS			
	1920 GREENSPRING DRIVE, SUITE 140)		1. M.C. 117.17 10.7			
	TIMONIUM, MD 21093						
	09/20/2013	М	1300000)5987			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	of the Florida De	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				4	
	1201 HAYS STREET				- 11 - 12 - 12 - 13	9 14	
	TALLAHASSEEF					MAR L	77) 122
					- 73		
(h)	Paracorp Incorporated				,		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	<u>vv</u> ;		2	2:46	
	155 Office Plaza Drive, 1st Floor				,	Ç)N	
	NEW Registered Office Address:	• •					
		-					
		1 32303					
If the li the cha	mited liability company is not organized under the la nge or changes are made, the Florida street address of	aws of the Sta of the register	ate of Flor red office :	ida, it is hereby cor and the business of	ifirmed t fice of th	hat afi e regi	er stered
agent w	rill be identical. Or, in the case of a Florida limited line authorized by an affirmative yote of the members	liability comp	cany, it is	hereby confirmed th	hat the cl	range(s)
	eles of organization or the operating agreement of the				awise pi	Ovided	1 111
		LEN	NACT	H J BEAR	NAC	114	
Signat	ure of a member or authorized representative of a member		1	Printed or typed name o	fsignee		
provisio the obli to mere	oy accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address. I I'in writing of this change.	e performanc	w of my di	uties, and Lam tami	Tian with	and c	ccent

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