M/400007846

	(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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LLC RAGRO

2024 JUL -3 Fil 2 23

A. RAMSEY

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 07/03/24 Order #: 1547719-7

Re: MDE HOME LOANS LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of \$25.00 - FL State Account Number: I20000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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	ame of the limited liability company: MDE HOME LOA	NS, LL	LC		
2. (a)		/h	b)		
z. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	766 SHREWSBURY AVENUE EAST BLDG., SUITE 204		766 SHREWSBURY AVENUE EAST BLDG., SUITE	204	
	TINTON FALLS, NJ 07724	_	TINTON FALLS, NJ 07724		
	10/28/2014		M14000007846		
3.	Date of filing/registration in Florida	4.	Document number	_	
- / >			وم.		
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	la Dept. of State:		
	NRAI SERVICES, INC				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD	<u> </u>	رسب		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION . FI.	33324			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Corporation Service Company	orrice aug	udress:		
	NEW Registered Office Address:				
	1201 Hays Street				
					
	Tallahassee .FL 3	2301			
change igent v was/wo	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	egistere ility cou the limi mited li	red office and the business office of the registered company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided i liability company.		
	Danielle Mason	Dani ——	nielle Mason, Authorized Person		
	ure of a member or authorized representative of a member		Printed or typed name of signee		
provisi he obl o mere	on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address, I her I in writing of this change.	e to act erforma for in C reby co	t in this capacity. I further agree to comply with t ance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fi onfirm that the limited liability company has been	the cept led t	
<u> </u>		RACE	E.E. KIRBY, ASST. VICE PRESIDENT		
Signatu	re of Registered Agent				

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