M1500000 7623

(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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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: July 15, 2019

Order#: 805323-006

Re: INSPIRE CLOSING SERVICES 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: Katie Thomas c/o Corporation Service Company 251 Little Falls Drive

251 Little Falls Drive 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 FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

	The limited liability company: INSPIRE C		3 LLC	
i. (a) <u>260</u>	AIRSIDE DRIVE 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)	
	MOON TOWNSHIP Ft 15108			
(09/23/2015	M15	000007623	
	Date of filing/registration in Florida	4.	Document number	
. (a) C	ORPORATE CREATIONS NETWORK INC.			
	stered Agent and Registered Office shown on the record	is of the Florida Dept. o	of State:	
1;	380 PROSPERITY FARMS ROAD #221 E			
	stered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	Zv (E	
·e	<u> </u>	······································		
			XÑ 💆	
<u> P</u> /	LM BEACH GARDENS	. FL <u>33410</u>	ASSEE O YEAR	
			10 m	
(b) <u>Co</u>	rporation Service Company			
Enter	name of NEW Registered Agent and/or NEW Regist	ered Office address:	OR AND	
			S S	
	01 Hays Street			
NEV	Y Registered Office Address:			
Tal	ahassee	, FL 32301		
ie change o gent will b ras/were at	d liability company is not organized under the or changes are made, the Florida street address identical. Or, in the case of a Florida limite otherized by an affirmative vote of the member of organization or the operating agreement of	s of the registered of the liability companyers of the limited his	office and the business office of the regist v. it is hereby confirmed that the change(sability company or as otherwise provided	
	a member or authorized representative of a member	Jill Cilmi, A	Authorized Person	
Signature of	a member or authorized representative of a member		Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President