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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

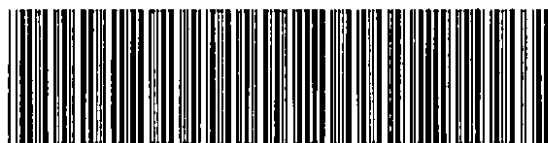
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 29 2020

S. YOUNG

19 Jan 30 09:21



December 23, 2019

To Whom It May Concern,

Please return a filed copy of the Change of Agent for CoreVest American Finance Lender LLC, Document Number: M16000000016 to me at any of the below options:

[April@vcorpservices.com](mailto:April@vcorpservices.com)

**And/or**

Vcorp Services, LLC  
25 Robert Pitt Drive, Suite 204  
Monsey, NY 10952  
Attn: April Adamkovich

**And/or**

Fax to: 845-818-3588

Thank you for all of your courtesies.

Sincerely,

April Adamkovich

Compliance Specialist  
Vcorp Services, LLC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COREVEST AMERICAN FINANCE LENDER LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Adamkovich

\_\_\_\_\_  
Name of Person

Vcorp Services

\_\_\_\_\_  
Firm/Company

25 Robert Pitt Dr, STE 204

\_\_\_\_\_  
Address

Monsey, NY 10952

\_\_\_\_\_  
City/State and Zip Code

filings@vcorpservices.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Adamkovich

\_\_\_\_\_  
Name of Person

at ( 845 )

425-0077

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: COREVEST AMERICAN FINANCE LENDER LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1345 Ave of Americas, 46<sup>th</sup> Floor  
New York, NY 10105

1345 Ave of Americas, 46<sup>th</sup> Fl  
New York, NY 10105

3. 12/31/2015 4. M16000000016  
Date of filing/registration in Florida Document number

5. (a) CORPORATION SERVICE COMPANY  
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)

TALLAHASSEE, FL 32301

(b) Vcorp Services, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5011 South State Road 7, Suite 106

NEW Registered Office Address:

Davie, FL 33314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

J. Ryan McBride  
Printed or typed name of signer

*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.* JPL

\_\_\_\_\_  
Signature of Registered Agent

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