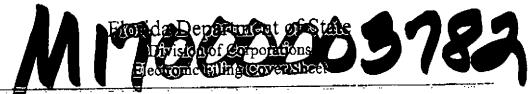
4/16/2020

Division of Corporations



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(((H20000111801 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC

Account Number : 120150000127

Phone : (800)567-4397 ; (800)567-4398 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mike@attorneyrichards.com Email Address:

LLC REGISTERED AGENT CHANGE CMR CLOSING SERVICES, LLC

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APR 1 7 2020

(((H20000111801 3))) **COVER LETTER** TO: Registration Section **Division of Corporations** CMR CLOSING SERVICES, LLC Name of Limited Liability Company Doar 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: Michael Richards Name of Person CMR Closing Services, LLC Firm/Company 2 Burlington Woods Drive, Suite 100 Address Burlington, MA 01803 City/State and Zip Code mike@attorneyrichards.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nathaniel Walden Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

S25 Filing Fee

(((H20000111801 3)))

(((H20000111801 3)))

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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: CMR CLOSING	3 SE	RVICES, L	LC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2 BURLINGTON WOODS DRIVE, STE 100		2 BURL	INGTON WOODS DR., STE 100)
	BURLINGTON, MA 01803	-	BURLIN	GTON, MA 01803	_
	05/03/2017		M170000	003782	
3.	Date of filing/registration in Florida	4.		Document number	
5 (a)		_		.	
J. (u)	Registered Agent and Registered Office shown on the records of the INCORP SERVICES, INC.	e Florid	is Dept. of Stat	e:	
	Registered Office Address MUST RE FLORIDA STREET A. 17888 67TH COURT N	DDRES	S2)	2020	
	LOXAHATCHEE	33470)	2020 APR 16	_
0.5					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office #	ddress:	PH I:	a . , ≈=:
	URS AGENTS, LLC			- 51	ومسه
	NEW Registered Office Address:			'	
	3458 LAKESHORE DRIVE			_	
	TALLAHASSEE	3231	2	_	
the ch agent	limited tlability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of th the reg sbility of fithe li	e State of F sistered offic company, it mited liabili	lorida, it is hereby confirmed that after the and the business office of the register is hereby confirmed that the change(s) ity company or as otherwise provided it	ı
	es sur	M	ichael J. F	Richards, Managing Member	
Cian	Anim of a mamber or authorized representative of a member			Printed or typed name of signes	مراء
I here provis the ob- to men notifie	by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a writing of this change.			pacity. I further agree to comply with a duties, and I am familiar with and an IS. F.S. Or, if this document is being for the limited Itability company has bee	cept lied n
Signal	Lycof Registered Agent Ways AST. S	ECRETA	RY		
•	Division of Corporations P.O. I	30x 63	27• Tallah:	ussee, FL 32314	