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| (Red | questor's Name) | | | | | |
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| (Add | lress) | | | | | |
| (Add | Iress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bus | siness Entity Nar | me) | | | | |
| (Doc | cument Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to F | | | | | | |
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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: Anthony Arthur anthony.arthur@cscglobal.com

Date: May 30, 2019

Order#: 743681-120

Re: HOME SFR BORROWER III, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 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 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.

| I. N | ame of the limited liability company: HOME SFR BOF | RROWE | R III, LLC | | | | |
|------------------|--|--------------------------|------------------------------|---|-------------------------------|---------------------------|--|
| 2. (a) | c/o AAMC 5100 Tamarind Reef | MC 5100 Tamarind Re | eef | | | | |
| , , , | Principal office address of limited liability company: | (b) | | | of limited liability company; | | |
| | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST | <u>OFFICE I</u> | <u>BOX</u>) | |
| | Christiansted, VI 00820 VI | | Christiansted, VI 00820 VI | | | | |
| | | | | | | | |
| | | | | | | | |
| | 06/05/2017 | | M170000 | 04775 | <u></u> _ | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a | CT CORPORATION SYSTEM | | | _ | | | |
| • | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of State | e: | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | 19 SE | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | - - - - - - | 9 | | |
| | | | | 工(| KOKE :/ | | |
| | | | . | - SS: | 3 | 1 | |
| | PLANTATION FI. | 33324 | | _ | | m D | |
| | | | | <u>. 5</u> | PH 3: 07 | Ü | |
| (b) | | | | - - | 20 | | |
| | Enter name of NEW Registered Agent and/or NEW Registered C | Office add | ress: | | . 7 | | |
| | 1201 Hays Street | | | | | | |
| | NEW Registered Office Address: | | | - | | | |
| | | | | | | | |
| | | | | - | | | |
| | Tallahassee | 32301 | | | | | |
| ا ما د ا | Harrison I Madellina and a second | 2.1 6 | | | | , - | |
| ri the ch | limited liability company is not organized under the law; ange or changes are made, the Florida street address of t | s of the ? The regist | state of Fice ered office | orida, it is hereby conf e and the business offi | firmed the ice of the | at after registered | |
| agent | will be identical. Or, in the case of a Florida limited liab | bility cor | npany, it is | s hereby confirmed the | at the cha | ange(s) | |
| | ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li | | | | rwise pro | vided in | |
| | | | - | rized Person | | | |
| Signo | iture of a njember or authorized representative of a member | <u> </u> | 7.0010 | Printed or typed name of | signee | | |
| 1 here | by accept the appointment as registered agent and agre | e to act i | n this cape | acity. I further agree | to compl | v with the | |
| provis the oh | ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided selv reflect a change in the registered office address, I ha | erjorma for in C | nce of my a hapter 605 | duties, ånd Lam famil 5. F.S Or. if this docu | liar with à ument is h | and accept seine filed | |
| mmm | a in writing of ims enamp | ereby con | ifirm that i | the limited liability co | impany h | as béen | |
| 1.01 | Dance Tokubi. | | | | | | |
| Signati | Thora CKW DI are of Registered Agent Corporation Service Company | BY: Gr | ace E. Kir | rby, Assistant Vice I | President | t | |