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(Re	questor's Name)							
(Add	dress)							
(Adı	dress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nar	ne)						
•								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
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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: Ami Casper ami.casper@cscqlobal.com

Date: October 23, 2017

Order#: 872417-093

Re: PROGRESS RESIDENTIAL BORROWER 1, 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.

XX Please return evidence to the following:

Attn: Ami Casper

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.

OUCA.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.

l.	Na	me of the limited liability company: PROGRE	ESS RE	SIDENTIAL B	ORRO	WER	1, LLC			
2	(a)	7500 N. Dobson Road, Suite 300		(b)						
	(4)	Principal office address of limited liability compa	my:		M	siling ac	ddress of	limited li	ability company	:
		(Note: MUST BE STREET ADDRESS)				(<u>Note:</u>	MAY BE	POST C	OFFICE BOX)	
						-				
		Scottsdale AZ 85256								
		06/23/2017		M170	000005	5378				
3.		Date of filing/registration in Florida		4.	C)ocum	ent nun	iber		
5.	(a)	C T Corporation System								
٠,	(4)	Registered Agent and Registered Office shown on the rec	ords of th	e Florida Dept. o	of State:					
		1200 South Pine Island Road								
		Registered Office Address <u>(MUST BE FLORIDA ST</u>	REET A	DDRESS)						
		<u> </u>	_							
										
		Plantation	, FL_	33324	_					
	(b)	Corporation Service Company					t			
		Enter name of NEW Registered Agent and/or NEW Reg	<u>zistered (</u>	Office address:			TÄLLÄHÄSSET			
							2	2	· 📆	
		1201 Hays Street					5. :	2511 OCT 2	E	
		NEW Registered Office Address:					<i>(</i>)	52	· •	
								T		
							C	نخا	O	
		Tallahassee	FI	32301			FLORID,	ن د		
							حر			
lf:	the li	mited liability company is not organized under nge or changes are made, the Florida street addr	the laws	s of the State of	of Flori	ida, it	is hereb	y confi	rmed that afte	er • • • • •
ag	ent v	fill be identical. Or, in the case of a Florida lim	iited liat	pility company	y, it is l	iereby	confirr	ned that	t the change(s	s)
Wa	ıs/we	re authorized by an affirmative vote of the meir cles of organization or the operating agreement	nbers of	the limited lia	ability (compa	my or as	s otherv	vise provided	in
.,,	- ai ii	construction of the operating agreement	or the n	·		•				
	Signat	urgot a nember or authorized representative of a member	_	Jill Cilmi, A			or typed r	ame of s	ignee	
	_	by accept the appointment as registered agent a		e to act in this			• •		U	the
pro	ovisi	ons of all statutes relative to the proper and con	nplete p	erformance of	f my du	ties, d	ind Lam	familia	ar with and a	ccept
10	mere	ons of all statutes relative to the proper and con gations of my position as registered agent as pr ly reflect a change in the registered office addr	ess, I he	reby confirm	that th	e limit	r, ij ini. ted liabi	s aocun lity con	neni is peing npany has bei	µеа е п
no	ujieo	Tin writing of this change.								
Si	gnatui	e of Registered Agent Corporation Service Comp	— nany	BY: Ami M	Caspo	r As	st Vice	Presid	lent	

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