M1700006313

	(Requestor's Name)	
	(Address)	
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	(Address)	
<u>-</u>	City Chair City IDE - 10	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
_	_	
	(Business Entity Name)	
	(Document Number)	
	(Document Number)	
Certified Copies	Certificates of St	atus
		
Special Instructions to	Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 897231 8367272					
AUTHORIZATION: Symbolina					
COST LIMIT : \$\frac{1}{25}\documeno00					
ORDER DATE : August 22, 2022					
ORDER TIME : 4:44 PM					
ORDER NO. : 897231-015					
CUSTOMER NO: 8367272					
<u>CHANGE OF AGENT</u>					
NAME: AHP SERVICING LLC					
THE SERVICE MADE					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
COMPACE DEPOS DE L'AND DATE					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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. Na	ame of the limited liability company: AHP SERVICIN	IG LLC		<u></u>
2. (a)	- ne		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	440 S LaSalle St., Suite 1110		440 S LaS	Salle St., Suite 1110
	Chicago, IL 60605		Chicago,	IL 60605
	07/25/2017		M17000006	53 13
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 Flori	da Dept. of State	-):
	UNIVERSAL REGISTERED AGENTS, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)	-
	1317 CALIFORNIA ST.			
	TALLAHASSEE	32304		-
	TALLAHASSEE, FI			-
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	1 Office :	iddress:	-
	1201 Hays Street			
				-
	Tallahassee FI	32301		
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Jue E. alne	Jil	Jill Cilmi, Authorized Person	
Signa	fure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change.	ree to ac perform d for in hereby c	et in this capa nance of my a Chapter 605, confirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
<u></u>	Orace C-Kuble			
	re of Registered Agent - \ E. Kirby, Asst. Vice President			

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