Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003187863)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:___

LLC REGISTERED AGENT CHANGE PROSPERITY HOME MORTGAGE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu — Corporate Filing Menu

Help

Page: 3 of 3

From: Kimberly Laughrey

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. No | me of the limited liability company: PROSPERITY I | ЮМЕ МО | ORTGAGE, L | LC |
|---------------------------------------|--|---|--|---|
| | | | o) | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 14501 GEORGE CARTER WAY Suite 300 | | 333 S 7TH | ST FL 27 ATTN: LEGAL |
| | CHANTILLY, VA 2015 | | MINNEAL | POLIS, MN 55402 |
| | 10/13/2017 | | M17000008 | 787 |
| 3. | Date of filing/registration in Florida | _{4.} | | Document number |
| 5. (a) | CORPORATION SERVICE COMPANY | | | |
| (b) | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET Registered Office Address | | | - |
| | C T Corporation System | L_32301 | | SLE SLE |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office ad | dress: | FILEB 2891 AUG 25 PI SECTIONIASSECTION |
| | NEW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | | PM 12: 46 |
| | Plantation, F | L_33324 | | - |
| the cha agent was/w the art | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the regi iability co of the lin e limited | stered office ompany, it is nited liabilit liability con | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| Siana | ture of a member or authorized representative of a member | 100 | Davis | Printed or typed name of signee |
| I here provis the obj to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change. | e perjorn led for in hereby c | t in this cap nance of my Chapter 60. Onfirm that Youna | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| Signati | | | Secret | |
| | - U | | 200 G | Lai y |

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