## M170000004388

| (Requestor's Name)                      |                   |           |  |
|---|-------------------|-----------|--|
|   |                   |           |  |
| (Address)                               |                   |           |  |
|   |                   |           |  |
| (Address)                               |                   |           |  |
| ·                                       | ·                 |           |  |
|   | n/State/7in/Bhana | - 40      |  |
| (City/State/Zip/Phone #)                |                   |           |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |
|   |                   |           |  |
| (Business Entity Name)                  |                   |           |  |
| (3.                                     |                   | ,         |  |
|   |                   |           |  |
| (Uc                                     | cument Number)    |           |  |
|   |                   |           |  |
| Certified Copies                        | _ Certificates    | of Status |  |
|   |                   |           |  |
| Special Instructions to                 | Filing Officer    |           |  |
| Special Instructions to Filing Officer: |                   |           |  |
|   |                   |           |  |
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Office Use Only



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\*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*25.00 \*\*3 **PM 3: 0** 

> JUH 19 2019 TSCHROEDER



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#: 743681-133

Re: HOME SFR BORROWER IV, 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: 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.

| 2. (a)  | ame of the limited liability company: HOME SFR c/o AAMC 5100 Tamarind Reef  | (b)  | c/o AAMC 5100 Tamarind Reef   |
|---|---|--|---|
| (11)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|   | Christiansted, VI 00820 VI  |  | Christiansted, VI 00820 VI  |
|   |   |  |   |
|   | 11/03/2017  | 4  | M17000009388  |
| ٦.  | Date of filing/registration in Florida  | 4.   | Document number   |
| 5. (a)  | C T CORPORATION SYSTEM  |  |   |
| . , ,,  | Registered Agent and Registered Office shown on the record  | s of the Florida D   | cept. of State:   |
|   | 1200 SOUTH PINE ISLAND ROAD   |  |   |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  | SE SE   |
|   |   |  | <del>\</del> \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \  |
|   |   | <del></del>  |   |
|   | PLANTATION  | . FL <u>33324</u>  |   |
|   |   |  | Time (Time  |
| (b)   | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered  | and Office older   | 5 <u>5</u>  |
|   | Time hade of 1477 Registered Agent annual 1477 Registe  | trea (onice addre  | PM 3: 03  |
|   | 1201 Hays Street  |  | <b>,&gt;</b>  |
|   | NEW Registered Office Address:  | <del></del>  |   |
|   |   |  |   |
|   | Tallahassee   | FL 32301   |   |
|   |   | 11, 32301  | <del></del>   |
| the cha<br>agent w<br>was/we<br>the arti              | imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of cless of organization or the operating agreement of                       | s of the registe<br>d liability com-<br>rs of the limite<br>the limited lial | red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. |
| Signat  | are of a number or authorized representative of a member  | Jill Cili  | mi, Authorized Person  Printed or typed name of signee  |
| I herel<br>provisi<br>the obli<br>to mere<br>notified | by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as providy reflect a change in the registered office address in writing of this change.  The of Registered Agent Corporation Service Compan | lete performan<br>ided for in Cha<br>. Thereby conj                          | this capacity. I further agree to comply with the<br>ce of my duties, and I am familiar with and accept<br>apter 605. F.S. Or, if this document is being filed        |
| =   | Corporation Service Compan  | المالي دا دا   | ce in they rustating the freshent   |