17702346196

From: Kimberly Rogers

9/6/22, 11:39 AM

Division of Corporations

Florida Department of Sta

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.

(((H22000305711 3)))



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 : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 Fax Number : (800)567-4398

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

Email Address:_

43

LLC REGISTERED AGENT CHANGE STRONG HOME MORTGAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

COVER LETTER

10:	Registration Section
	Division of Corporations

SUBJECT: STRONG HOME MORTGAGE, LLC	
Name of Limit	ted Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to	the following:
Danielle Shuey	
Name of Person	
STRONG HOME MORTGAGE, LLC	
Firm/Company	-,
9408 GRANT AVENUE, SUITE 302	
Address	
MANASSAS, VA 20110	
City/State and Zip Code	
compliance@stronghome.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	:
URS AGENTS C/O LAUREN JOHNSON 800	567 - 4397
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Page: 3 of 3

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.

	GAGE, LLC		
(h)			
(0)	Mailing address of limited liability (Note: MAY BE POST OFFIC	company:	
94	9408 GRANT AVENUE SUITE 302		
MANASSAS, VA 20110			
M18	8000003247		
4,	Document number		
of the Florida Dept.	of State:		
TADDRESS)	2022 SEI T	••	
	ALL SE	FILE	
L			
	50	ì	
ed Office address:		<u>. </u>	
	7.7	ဂ္ F	
	ni ni	۵	
_L 32312			
of the registered liability compan of the limited li e limited liabilit	office and the business office of the inj, it is hereby confirmed that the classifier iability company or as otherwise property company.	ie registere hange(s)	
	Printed or typed name of signee		
	is capacity. I further agree to com-	nhowith the	
gree to act in this e performance d ed for in Chapte hereby confirm	is capacity. I further agree to comp of my duties, and I am familiar with er 605, F.S. Or, if this document is a that the limited liability company	and accep being filed has been	
	MARCHAE	MANASSAS, VA 20110 M18000003247 4. Document number SELECTION OF State: LADDRESS: SELECTION OF State: LADDRESS: SELECTION OF State: SELECTION OF SELECTION OF STATE: SELE	