(((H22000243034 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 SIMPLIST MORTGAGE LLC

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\$25.00

JUL 19 2022

- Mr. Söletyon

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COVERLETTER

TO: Registration Section

Division of Corporations

 $_{_{ extsf{T}.}}$ SIMPLIST MORTGAGE LLC

15129570210

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua	Murphy

888 at (705-7274

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

🗆 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

15129570210

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

l. Na	me of the limited liability company: SIMPLI	ST MORTGAG	ELLC	
	500 7TH AVE 8TH FLOOR, OFFICE #12B107	(b) 500 7TH AVE 8TH FLOOR, OFFICE #12B107		
. (a) .	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) NEW YORK, NY 10018		(Note: MAY BE	imited liability company: POST OFFICE BOX NY 10018
3. 5. (a)	7/20/2018 Date of filing/registration in Florida BLUMBERGEXCELSIOR CORPORATE	4.	0006699 Document num	nber
, (u)	Registered Agent and Registered Office shown on the record 155 OFFICE PLAZA DR 18 Registered Office Address (MUST BE FLORIDA STR.)	STFL		
(b)	TALLAHASSEE Registered Agent Solutions, Inc Enter name of NEW Registered Agent and/or NEW Regis			2822 JUL 18 PH
	155 Office Plaza Dr. NEW Registered Office Address: Suite A		_	
	Tallahassee	, FL 32301	_	
the cha agent v was/we	imited liability company is not organized under the transfer or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registered officed liability company, it bers of the limited liability	ce and the busine is hereby confirm ity company or a	ess office of the registered med that the change(s) s otherwise provided in
	nthony Sherman	Anthony Sh		Authorized Person
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and comfigations of my position as registered agent as properly reflect a change in the registered office address of this change. Mackenzie Hart, Asst. Secreta	plete performance of my wided for in Chapter 60 ss, I hereby confirm tha	Printed or typed i pacity. I further y duties, and I an 15, F.S. Or, if the I the limited liab	agree to comply with the