## M18000009843

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(boosineii(Haiibel)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 2, 2020

Order#: 400106-373

Re: BUNGALO MORTGAGE, 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: Ami Casper 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.

OUCA.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.

1. N	ame of the limited liability company:BUNGALO N	ORTGAGE	LLC	
2. (a)	5001 Plaza on the Lake, Suite 200	(b)		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Austin, TX 78746			
	10/31/2018		M18000009843	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Capitol Corporate Services, Inc.			
J. (a	Registered Agent and Registered Office shown on the records	Dept. of State:		
	515 East Park Avenue, 2nd Floor			
	Registered Office Address (MUST BE FLORIDA STREE			
	Tallahassee,	FL32301		
(b)	Enter name of NEW Registered Agent and/or NEW Register  Corporation Service Company	ress:		
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	FL32301		
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the control of the street and the control of the con	the registered liability cores of the limi	I office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
1.	s/ Jill Cilmi	Jill C	ilmi, Authorized Person	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the of to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	ngree to act . He performa ded for in C I hereby co.	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been	
			n Service Company	
Signature of Registered Agent Ami			M. Casper, Asst. Vice President	