

M190000007249

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AMERICAN MORTGAGE LICENSING
Account Number : I20150000056
Phone : (469)688-8441
Fax Number : (972)587-7479

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

Email Address: _____

2020 JUN 19 AM 11:54
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
SOUTH RIVER MORTGAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2020 JUN 19 AM 11:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South River Mortgage, LLC
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:

Flyse Johnson

Name of Person

South River Mortgage, LLC

Firm/Company

1 Park Place, Suite 540

Address

Annapolis, MD 21401

City/State and Zip Code

ejohnson@southrivermtg.com

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

For further information concerning this matter, please call:

Mike Crouse

at (469)

688-8441

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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. Name of the limited liability company: South River Mortgage, LLC

2. (a) South River Mortgage, LLC (b) _____
 Principal office address of limited liability company: _____ Mailing address of limited liability company: _____
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1 Park Place, Suite 540 _____
Annapolis, MD 21401 _____

7/26/2019 _____ M19000007249 _____

3. Date of filing/registration in Florida 4. Document number

5. (a) C T Corporation System
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent _____
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) _____
1200 South Pine Island Rd _____
Plantation _____, FL 33324 _____

(b) Registered Agent Solutions, Inc.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Registered Agent _____
NEW Registered Office Address: _____
155 Office Plaza Dr, Suite A _____
Tallahassee _____, FL 32301 _____

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James F. Plack, President

 Signature of a member or authorized representative of a member

 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent

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

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