(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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AUG 2 3 2023				

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Liberty Mortgage LLC Name of Lir	DBA Liberty Mortgage of Florida LLC nited Liability Company
Dear S	ir or Madam:	Document number M20000002880
The en	closed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Kevin Watkins Name of Person	
<u>L:1</u>	perty Mortgage LLC DBA Liv	perty Mortgage of Florida LLC
_1	190 Main St., Suite 750 Address	
	Sarasota, FL 34236 City/State and Zip Code	<del></del>
	Kwatkins (a liberty mortgagemail address: (to be used for future annual repo	rt notification)
For fur	ther information concerning this matter, please	call:
-	Kevin Watkins at (	405 ) 4(6 - 3984 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 amoun	t:
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. Na	me of the limited liability company: Liberty Mortgage LLC D	BA Liberty Mortgage of Florid
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Molly Circle, Sarasota, FL 3428 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3/12/2020 M2  Date of filing/registration in Florida 4.	000 000 2880
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Northwest Roystered Agent, LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta  7901 4th St. N.	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	Suite 300	3.F 202
	St. Petersburg FL 33702 George Watkins	F 3623 AUG -
(b)	George Watkins	2 F
· · ·	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- PM 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		FILED IARY OF STAJE 3-2 PM 5: 10
	3189 Espanola Dr. NEW Registered Office Address:	_
	NEW Registered Villee Address.	
		<del>-</del>
	Sarasota .FL 34239	_
If the li	imited liability company is not organized under the laws of the State of F	lorida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office	ce and the business office of the registered
was/wo	vill be identical. Or, in the case of a Florida limited liability company, it are authorized by an affirmative vote of the members of the limited liabil	ty company or as otherwise provided in
	cles of organization or the operating agreement of the limited liability co	
Simo	Kevi	Printed or typed name of signee
l herel provisi the obl to mere	by accept the appointment as registered agent and agree to act in this ca ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 By reflect a change in the registered office address, I hereby confirm tha I in writing of this change	naging I further garge to comply with the
Signatu	re of Registered Agent	