6/21/2021



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

🚓 n Bmail Address:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE REDFINNOW BORROWER LLC

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JUN 23 2021

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Electronic Filing Menu

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Help

To: 18506176383 From: 12147128131 Date: 06/21/21 Time: 10:59 PM Page: 02/02

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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.	Na	me of the limited liability company: REDFINNOW BO	RROV	VER LLC		
	(a)					
	V. J	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)		
		1099 Stewart Street, Suite 600, Seattle, WA, US, 98101	<del>-</del>	1099 Stewa	art Street, Suite 600, Seattle.	. WA, US, 98101
		05/20/2021	<del>-</del>	M210000072		
3.		Date of filing/registration in Florida	4.	,	Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  NRAI SERVICES, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 S. PINE ISLAND ROAD		SECRET DIVISION C	SEURETARY SIVISION OF CO	
		PLANTATION , FL	33324	ı	ARY OF STA	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address  LEGALING CORPORATE SERVICES INC.		D: 50	Y OF STATENS CORFORATIONS 2 AM 10: 50	
		NEW Registered Office Address			-	
		5237 SUMMERLIN COMMONS BLVD. SUITE 400			-	
		FORT MYERS, FL_	33907	_	-	
ch ag w	iango jent v as/w	imited liability company is not organized under the law cor changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of jules of organization or the operating agreement of the b	s of the control of t	he State of Flo cred office and company, it is imited liability	I the business office of the hereby confirmed that the y company or as otherwis	e registered ie change(s)
	(	Inthony Kappu	A	nthony Kappus		
		flure of a member or authorized representative of a member			Printed or typed name of sign	
p) th	ovis e obi mer	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to a verfor for in ereby	ict in this capa mance of iny a in Chapter 605, confirm that t	acity. I further agree to c duties, and I am familiar , F.S. Or, if this docume the limited liability compo	omply with the with and accept of its being filed any has been
S	ıgnatı	ue of Registered Agent				

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