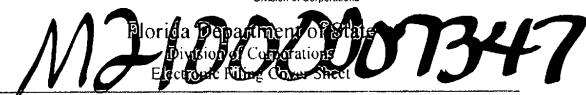
Page: 1 of 3

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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address:

compliance@empowersettlementservices.com

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From: Kimberly Roger

COVER LETTER

TO:	Registration Section Division of Corporations				
SURJE	EMPOWER SETTLEMENT	SERVICES, LI	LC		
00202	Name	Name of Limited Liability Company			
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Offic	ce Change and fo	e(s) are submitted for filing.		
Please 1	return all correspondence concerning this	s matter to the fo	llowing:		
JAME	S R. GASKILL				
	Name of Person		•		
EMPO	OWER SETTLEMENT SERVICES	, LLC			
	Firm/Company		•		
345 R	ouser RD Bldg 5 Ste 602				
	Address		-		
Corac	opolis, PA 15108				
	City/State an	d Zip Code	•		
con	npliance@empowersettlementser	rices.com			
E	-mail address: (to be used for future annu	al report notifica	ation)		
For furt	ther information concerning this matter,	please call:			
URS A	Agents c/o Kanetha Bishop Name of Person	800	567 - 4397		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Tallahassee, Florida 32301	nmount:			
	Enclosed is a check for the following:		Eiling Fue & Cartified Conv		
	☑ \$25 Filing Fee	L 355	Filing Fee & Certified Copy		
INHS18	(2/14)				

(((H220000917513)))

From: Kimberly Roger

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. 1	Name of the limited liability company:	SETTLEM	IENT SERVICES, LLC
2. (в			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	345 ROUSER RD BLDG 5 STE 602	;	345 ROUSER RD BLDG 5 STE 605
	CORAOPOLIS, PA 15108		CARAOPOLIS, PA 15108
	05/25/2021	M	2100007347
3.	Date of filing/registration in Florida	4.	Document number
5. (a	a)		
J. (Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 HAYS STREET		
	TALLAHASSEE FI	32301	-1
		<u> </u>	2022 HAR 10
(b	Enter name of NEW Registered Agent and/or NEW Registered		
·	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	
	URS AGENTS, LLC		022 HAR 10 PH 12: 02
	NEW Registered Office Address:		
	3458 LAKESHORE DRIVE		12: 02
	TALLAHASSEE FI	32312	
the cagent was/	elimited liability company is not organized under the la hange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	ws of the St f the registe iability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	James Gaskill	Jame	s R. Gaskill
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
the o	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I tied in writing of this change.	ree to act in performan d for in Ch hereby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Skins	Kanetha Bishop, Asst. Secretary		

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