M21000010581

(Dag	wastada Nama)			
(Requestor's Name)				
		<u> </u>		
(Address)				
(Address)				
(City	/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bus	iness Entity Nam	<u></u>		
(500	mess chary man	,		
(D00	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

Office Use Only



300374786633

TELANASSEE, FI

RECEIVED

Y SULKER OCT 2 0 2021

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/19/21

NAME: MORTGAGE BROKER LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
MORTGAGE BROKER LLC SUBJECT:		
Nan	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change ar	d fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to th	e following:
ALISIA MOJARRO		
Name of Person		<u> </u>
PARACORP INCORPORATED		
Firm/Company		
2804 GATEWAY OAKS DR. STE 100		
Address		
SACRAMENTO, CA 95833		1
City/State and Zip Code	 	
AMOJARRO@MYPARACORP.COM		
E-mail address: (to be used for future annu	ual report noti	fication)
For further information concerning this matter,	please call:	
ALISIA MOJARRO	888 at (2723725
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 a	imount:	
□ \$25 Filing Fee	□ s	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.

I. Na	ame of the limited liability company: MORTGAGE B	ROKER	-LI	LC
2. (a)			(b)	»)
`,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	107 BROOKSIDE PARKWAY SUITE 205			107 BROOKSIDE PARKWAY SUITE 205
	LEXINGTON, SC 29072			LEXINGTON, SC 29072
	8/12/2021			M21000010581
3.	Date of filing/registration in Florida	- 4.	-	Document number
5. (a)	SHUMPERT, THOMAS			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	ida l	Dept. of State:
	Registered Office Address (MUST RE FLORIDA STREET)	ADDRE.	<u>SS)</u>	1
	327 S COUNTY HIGHWAY 393 UNIT 201			
	SANTA ROSA BEACH , FI	32459		
(b)	PARACORP INCORPORATED			
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıddı	
	PARACORP INCORPORATED			2021 CCT 19 TALLARS
	NEW Registered Office Address:			
	155 OFFICE PLAZA DRIVE, IST FLOOR			
	TALLAHASSEE, FL	32301		MHII: 4
hange igent w vas/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members or les of organization or the operating agreement of the	register bility co f the lin	red om nite	State of Florida, it is hereby confirmed that after the doffice and the business office of the registered appany, it is hereby confirmed that the change(s) led liability company or as otherwise provided in
	7/			THOMAS SHUMPERT
l hereby provisio he oblig o nierel	re of a member or authorized representative of a member of accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete the proper an	ee to ac. perform for in (ereby c	t in iand Cha onf	Printed or typed name of signee In this capacity. I further agree to comply with the ace 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
\sqrt{A}	of Registered Agent			