

(((H22000208037 3)))



H220002080373ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE AMERISAVE LOANS LLC

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

JUN 16 2022

14 BON 18620B

Electronic Filing Menu Corporate Filing Menu

Help

2022 JUN 15 AM 8:51

## **COVER LETTER**

TO: Registration Section Division of Corporation	S		
SUBJECT: AMERISA	AVE LOANS	LLC	
SOBJECT:		ed Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent	Registered Office Change	and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
Joshua Murphy			
	of Person	<del></del>	
Registered Agent Solution	s, Inc.		
Firm/C	ompany		- t
Corporate Center One, 53	01 Southwest Pkwy.	Ste 400	: ::::
Addr	ess		145. 214.
Austin, TX 78735			73 · . 7 · . 6 ·
City/State	and Zip Code		157
E-mail address: (to be use	ed for future annual report	notification)	
For further information concern	ning this matter, please cal	II:	
Joshua Murphy	88 at (	705-7274	
Name of Perso	····	Area Code & Daytime Telephone No	umber
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tailahassee, Florida 32	ns Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for	or the following amount:		
S25 Filing Fee		☐ \$55 Filing Fee & Certified Copy	

15129570210

## 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.

3525 PIEDONT RD NE 8TH PIEDMONT C		(b) 3525 PIEDONT RD NE 8TH PIEDMONT CENTER		
Principal office address of limited liability of (Note: MUST BE STREET ADDRE		(Note: MAY BE POST OF FICE BOX)		
STE 600		STE 60	10	
ATLANTA, GA 30305	<del></del>	ATLAN	TA, GA 30	305
11/18/2021		M210000	)15545	
Date of filing/registration in Flori	da 4.	Do	ocument number	
BLUMBERGEXCELSIOR CORPO	RATE SERVIC	ES, INC.		
Registered Agent and Registered Office shown on the 155 OFFICE PLAZA D				
Registered Office Address (MUST BE FLORII	DA STREET ADDRE	<u>(SS)</u>		
TALLAHASSEE	, <sub>FL</sub> 323	301		2022
Registered Agent Solution	s, Inc.			JUN 15
Enter name of NEW Registered Agent and/or NE	W Registered Office	address:		
155 Office Plaza Dr.				AH 8:
NEW Registered Office Address:		<del></del>		: 5
Suite A				
Tallahassee	_, FL 323	301		
limited liability company is not organized tange or changes are made, the Florida streewill be identical. Or, in the case of a Florida rere authorized by an affirmative vote of the fieles of organization or the operating agree	et address of the re da limited liability o members of the	egistered office a company, it is h limited liability o	nd the business off tereby confirmed the company or as othe	ice of the regis iat the change(s
ndrea Markert		indrea Marke		nager

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.

Printed or typed name of signee

Mackenzie Hart, Asst. Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent