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Account#: I20000000088

Date: 06/	/07/2023						
Name:	Merritt Walker	<u> </u>					
Reference #:	2024404						
Entity Name: LOANFRONT, LLC							
☐ Articles of	f Incorporation/Authorization	on to Transact Business					
☐ Amendme	ent						
✓ Change o	f Agent						
Reinstate	ment						
Conversion	n						
☐ Merger							
Dissolution	n/Withdrawal						
Fictitious	Name						
Other							
Authorized Amou	unt: \$25						
Signature:	mw						

F: +852.2682.9790

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. N	lame of the limited liability company: LOANF	RONT	<u>, LLC</u>		<u></u>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change		No Cha	nge			
3.	January 20, 2022 Date of filing/registration in Florida	 4.	n	M22000001495 Document numb	 er		
5. (a	Incorp Services, Inc. Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE Registered Office Address (MUST BE FLORIDA STREET)			 te: 			
(b)	COGENCY OLORAL INC	32312		_		2023 J. El -	. 31.155 . 21.155
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4			-	RY OF ST	-7 PM I2: 07	
	NEW Registered Office Address:			_	ATE	07	
	Tallahassee, F	1_32301		_			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor of the limi	ered office upany, it is ted liabilit	e and the business s hereby confirme y company or as o	office of d that the	the reg	gistered e(s)
	ndrew Weber		ew Webe	•			
	nture of a member or authorized representative of a member		 ,	Printed or typed nan	-		
l here provis the ob to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, l d in writing of this change.	gree to act e performa ed for in C hereby con	in this cap nce of my hapter 605 nfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this o the limited liabilit	ree to con uniliar wi locument y compan	nply w. th and is bein y has t	ith the accept g filed ieen
/s/ T	imothy Mayville						
Signati	re of Registered Agent	<u>.</u>					

Timothy Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00