M2200000 2801

(Requestor's Nan	ne)				
(Address)					
(Address)					
(City/State/Zip/Ph	none #)				
PICK-UP WAIT	MAIL				
- (Business Entity	Name)				
	,				
i (Document Num	ber)				
Certified Copies Certificates of Status					
i					
Special Instructions to Filing Officer					
 	JUN 19 2024				
	JUN , ORNE				
	2024				
Office Us	e Only				
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ALLAHASSEE FLODIN

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/18/2024			⇔WALK IN*
ENTITY NAMERES	LENDING LLC		
DOCUMENT NUMBER	R		
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Standi		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTIN	ATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I201600000	72
		5 8 FM	
Places well Time at	the chave womber how on	y issues or concerns. Thank you	00 4406/

COVER LETTER

Division of Corporations		
RES LENDING LLC SUBJECT:		
Nai	me of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	Tice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the	e following:
Tsvi Goldstein		
Name of Person		
Platinum Agent Services LLC		
Firm/Company		
99 West Hawthorne Ave., Suite 408		
Address		
Valley Stream NY 11580		
City/State and Zip Code		
agent@platinumfilings.com		
E-mail address: (to be used for future an	nual report noti	ification)
For further information concerning this matter	r, please call:	
Tsvi Goldstein	718 at (705-9886
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	g amount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

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. 1	Name of the limited liability company: RES LENDING	LLC			
2. (a	c/o WildStar Partners LLC	(b) c/o WildStar Partners LLC	(b) c/o WildStar Partners LLC		
z. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of li	mited liability company: POST OFFICE BOX)		
	241 NE 4th Street, Suite C	175 Sully's Trail, Suite 204			
	Defray Beach, FL 33444	Pittsford, NY 14534			
	2/22/2022	M22000002801			
3.	Date of filing/registration in Florida COGENCY GLOBAL INC.	4. Document numb	ner		
5. (Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN ST., SUITE 4	of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	TADDRESS)			
	Tallahassee, F	L 32301	2024 JUL 18 PH 12: 40		
(b	Platinum Agent Services LLC		20 12 20 12		
•	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	-c-		
	155 Office Plaza Dr		1.53		
	NEW Registered Office Address:		<i>"</i> O		
	Tallahassee, F	FL 32301			
changent agent was/	e limited liability company is not organized under the lage or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	ne registered office and the business of liability company, it is hereby confirme of the limited liability company or as a limited liability company.	fice of the registered ed that the change(s)		
	/s/ Thomas Farace	Thomas Farace			
I her provi the o to me	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complet beligations of my position as registered agent as providerely reflect a change in the registered office address, and writing of this change.	Printed or typed na gree to act in this capacity. I further a e performance of my duties, and I am) led for in Chapter 605, F.S. Or, if this I hereby confirm that the limited liabili	oree to comply with the		
Signs	/s/ Steven Friedman sture of Registered Agent				