M22000016819

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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IALLÁHÁSSEÉ, FLORÍDA 2023 SEP | I AM 10: 35

ALLAHASSÉE, FÉOLA

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	95					
	REFERENCE	:	963481	8417348					
	AUTHORIZATION	:							
	COST LIMIT	:	\$ 25 Joo	Lena					
	August 31, 2023								
ORDER TIME :	2:17 PM								
ORDER NO. :	963481-130								
CUSTOMER NO:	8417348								
			- 						
CHANGE OF AGENT									
NAME:	METRONET SECU WAREHOUSE BOR								
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILI	NG:					
CERTII	FIED COPY								
CONTACT PERSON	N: Eyliena Baker								

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

 ${P}$ ursuant 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.	Na	me of the limited liability company: METRONET S	ECURIT	IZATION W	VAREHOUSE BORI	RWEF	R, LLC		
2.	(a)			(b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	,	Mailing address of lin	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		8837 BOND ST		8837 BOND ST					
		OVERLAND PARK, KS 66214	<u> </u>	OVERLAND PARK, KS 66214					
		11/02/2022		M220000)16819				
3.		Date of filing/registration in Florida	4.		Document number	er			
5.	(a)								
	(4)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	ate:						
		Registered Office Address (MUST BE FLORIDA STREET	 :	20					
		1200 SOUTH PINE ISLAND ROAD	į	29 S					
		PLANTATION F	1. 33324		 	TÄLLAHASSE	2023 SEP 11		
	(b)	Enter name of NEW Registered Agent and/or NEW Registere		AM 10: 35 SEE, FLURIDA					
		Tallet have of New Registered Agent and the Registered Office and			Caudress.				
		Corporation Service Company	5						
		NEW Registered Office Address:							
		1201 Hays Street							
		Tallahassee . F	32301						
cha aga wa	ange ent v is/ yre	mited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members of organization or the operating agreement of the	e register lability c of the line limited	red office a ompany, it nited liabil liability co	and the business offi is hereby confirmed ity company or as o company.	ice of d that	the regis	stered ige(s)	
Signature of a member or authorized representative of a member				Jill Cilmi, Authorized Person Printed or typed name of signee					
11	Le l	or a member of adminized tepleschaute of a member of all statutes relative to the proper and complete gations of my position as registered agent as provide two reflect a change in the registered office address. It is writing of this change.	gree to ac e perforn ed for in hereby c	t in this cap nance of my Chapter 60 confirm tha	nacity I further au	ree to	- .comple	with the nd accept ing filed s been	
	人	e of Registered Agent			rby, Asst Vice Presi				

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