# M23000008105

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





900429320629

05/07/24--01034--007 ++25.00

FILED

2024 MAY -7 PM 4: 44

... ESTABLE

#### COVER LETTER

CONVENTUS LENDING LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registe	ered Agent/Registered Offi	ice Change and t	fee(s) are submitted for filing.				
Please return all corre	espondence concerning thi	is matter to the f	ollowing:				
	BETH LYONS						
	Name of Person		_				
CLAS IN	FORMATION SERVICES						
•	Firm/Company		<del>_</del>				
1545 RIVER	R PARK DRIVE, SUITE 330	)					
	Address		_				
S	ACRAMENTO, CA 95815						
	City/State and Zip Code		<del>_</del>				
	BETH@CLASINFO.COM		<del>-</del> .				
E-mail address:	(to be used for future ann	ual report notifi	cation)				
For further information	on concerning this matter,	please call:					
BETH LYONS		916 at (	564-7800				
Nam	e of Person		Area Code & Daytime Telephone Numbe				
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
_	a check for the following		Tallahassee, FL 32303				
\$25 Filing	; Fee	<b>□</b> \$5	5 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.

1. N	Same of the limited liability company:CONVENTUS	S LEND	ING LLC			
2. (a)			(b)			
_, (_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	111 POTRERO AVENUE			111 POTRERO AVENUE		
	SAN FRANCISCO, CA 94013		SAN F	RANCISCO, CA 94013		
	06/21/2023		M23000	008105		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
(	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of	State:		
	C T CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	<del>_</del>		
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	33324 				
				F1LE		
(b)	)			:		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					
	NRAI SERVICES, INC.			- P -		
	NEW Registered Office Address:					
	1200 SOUTH PINE ISLAND ROAD	<u>_</u>				
	PLANTATION, FI	33324 L				
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of the li	ered office company, imited liab	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in		
	/KANA YUJUICO			KANA YUJUICO		
_	nature of a member or authorized representative of a member			Printed or typed name of signce		
provi. the ol to me	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	nerfor	mance of i	my duties, and I am familiar with and accent.		
	BETH LYONS					
Signal	ture of Registered Agent					

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OPL	npany
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chair	rge una reets, are submitted for filing.
Please return all correspondence concerning this matter	to the following:
BETH LYONS	
Name of Person	<del></del>
CLAS INFORMATION SERVICES	
Firm/Company	
1545 RIVER PARK DRIVE, SUITE 330	
Address	
SACRAMENTO, CA 95815	
City/State and Zip Code	
BETH@CLASINFO.COM	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	all:
BETH LYONS 9	16 564-7800
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 amount	t:
\$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.

SA	Principal office address of limited liability company:	(1	2)			
11 SA		•	J )			
SA	(Note: MUST BE STREET ADDRESS)	,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
_	SAN FRANCISCO, CA 94013		SAN FRANCISCO, CA 94013			
0.4 %						
Uh/.	21/2023		M23000008	3105		
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number		
5. (a)						
Reg	istered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	te:		
	T CORPORATION SYSTEM			_		
	gistered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S)</u>	20		
120	1200 SOUTH PINE ISLAND ROAD			24.7		
PL	ANTATION, FI	L		E1LE		
				-		
(b)						
Ente	Enter name of NEW Registered Agent and/or NEW Registered Office address:			44 <del>-</del>		
NF	RAI SERVICES, INC.			PH 4: 44		
NE.	W Registered Office Address:			_		
120	00 SOUTH PINE ISLAND ROAD		_			
P1.	ANTATION . FI	L				
change or cagent will be was/were at the articles  /s/KAN Signature of	ed liability company is not organized under the la changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited limithorized by an affirmative vote of the members of organization or the operating agreement of the NA YUJUICO of a member or authorized representative of a member	ws of the e register ability co of the lin e limited	ed office an empany, it i nited liabilit liability con	ad the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.  KANA YUJUICO  Printed or typed name of signee		
provisions the obligati to merely r notified in	ccept the appointment as registered agent and ag of all statutes relative to the proper and complete ions of my position as registered agent as provide eftect a change in the registered office address, I writing of this change.	ree to act performed for in ( hereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
	H LYONS Registered Agent					