## M24000006547

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Sity/State/21ph Hone 4)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
· (Document Number)					
Certified Copies Certificates of Status					
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2024 SEP 19 PM 4: 4

TILTU

## COVER LETTER

TO: Registration Section Division of Corporations							
Tiger Home Loans, PLLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the f	following:					
Jeffrey Smith							
Name of Person		<del></del>					
Tiger Home Loans, PLLC							
Firm/Company							
26 Origins Main St #213							
Address		- <del></del>					
Inlet Beach, FL 32461		_					
City/State and Zip Code							
jeff@tigerhomeloans.com	_						
E-mail address: (to be used for future annual	ual report notif	ication)					
For further information concerning this matter,	please call:						
Jeffrey Smith	480 at (	470-8415					
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:						
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

INHS18 (2/14)



August 30, 2024

JEFFREY SMITH 26 ORIGINS MAIN STREET #213 INLET BEACH, FL 32461

SUBJECT: TIGER HOME LOANS, PLLC, LLC

Ref. Number: M24000006547



We have received your document for TIGER HOME LOANS, PLLC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 024A00019580

Signed on 9/10/24 - Trak ya!

## 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. Na	me of the limited liability company:	ns, PLLC	, (	LC		
2. (a)	26 Origins Main St #213	(1	(b) 26 Origins Main St #213			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Inlet Beach, FL 32461	('	, •		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ch, FL 32461	
		<u> </u>	_			
	5/22/24		М	24000006547		
3. 5. (a)	Date of filing/registration in Florida Registered Agents, Inc	4.		Document	number	
5. (a)	Registered Agent and Registered Office shown on the records of 7901 4th St N Ste 300	the Florid	a D	pt. of State:		
	Registered ()ffice Address (MUST BE FLORIDA STREET.	ADDRES.	<u>S)</u>		FIL 2024 SEP 19	
	St Petersburg , FL	33702		· · · · · · · · · · · · · · · · · · ·	HASSE	
(b)	Jeffrey Smith				P []	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idr	<u>ss</u> :	PH L: 15	
	26 Origins Main St #213				Dei o	
	NEW Registered Office Address:	<del></del>				
	Inlet Beach, FI	32461	•			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of organization or the operating agreement of the	register ability co of the lir	ed om nite	office and the busin bany, it is hereby co d liability company	ess office of the registered on firmed that the change(s)	
	200			Smith		
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons 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, I din writing of this change.			this capacity. I fur		
Signatu	Division of Corporations P.O.	Roy 632	27♠	Tallahassee, FL 3	2314	

**FILING FEE: \$25.00**