Page: 1 of 3

18886118813

To: +18506176383

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: STAR@VCORPSERVICES.COM

REGISTERED AGENT CHANGE US DEFAULT GROUP, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: US Default Group, Inc.
Name of Corporation
DOCUMENT NUMBER: P15000098881
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Veorp Compliance
Name of Contact Person
Vcorp Agent Services, Inc.
Firm/Company
25 Robert Pitt Suite 204
Address
Monsey, NY 10952
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-fight address, (to be used for future annual report nottreamon)
For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Vcorp Compliance

Name of Contact Person

Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

452-0077

Area Code & Daytime Telephone Number

CR2EC45 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th inge is submitted for a corporation organized under the laws of the State of ir to change its registered office or registered agent, or both, in the State of Florida.	us 		
1. The name of I	the corporation: US Default Group, Inc.			
2. The principal office address: 6409 CONGRESS AVENUE, SUITE 100 BOCA RATON, FL 33314				
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/11/2015 Document number: P15000098881			
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)			
	SCHNEID, DAVID			
	6409 CONGRESS AVENUE, SUITE 100 BOCA RATON, FL 33314	_		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Veorp Services, LLC 5011 South State Road 7, Suite 106 P.O Box NOT acceptable	SCONCTARY OF STATE FALLAHASSEE, FLORID	2021 OCT 18 AM 10: 56	FILED
	Davie, FL 33314	A	01	
	ess of its registered office and the street address of the business office of its register I be identical.			
Such change wanthorized by I	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.)		
	ure of an officer or the coor			
I hereby accep I further agree of my duties, a document is he corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete per nd I am familiar with and accept the obligation of my position as registered agent, sing filed merely to reflect a change in the registered office address. I hereby confirm as been notified in writing of this change.	formance Or if this n that the		
	grature of Registered Agent Olite			
If signing on b	ehalf of an entity:			
	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (04/13)