

F15000003052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

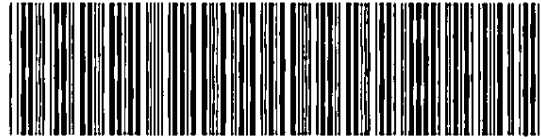
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
ALLAHASSEE, FL

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2021 NOV 15 PM 3:35

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

NOV 16 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 244798 8100807

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : November 15, 2021

ORDER TIME : 2:12 PM

ORDER NO. : 244798-015

CUSTOMER NO: 8100807

FOREIGN FILINGS

NAME: LENDINGHOME FUNDING  
CORPORATION

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Corporation Name Change

Name of Corporation

**DOCUMENT NUMBER:** F15000003052

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Nora Gibson**

Name of Contact Person

**Kiavi Funding, Inc.**

Firm/Company

**2 Allegheny Center, Nova Tower 2, #200**

Address

**Pittsburgh, PA 15212**

City/State and Zip Code

**legalnotices@kiavi.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Linh Su**

Name of Contact Person

at ( **412** ) **448-2572**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|---|

**Mailing Address:**

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

**Street Address:**

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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F15000003052

\_\_\_\_\_  
(Document number of corporation (if known))

1. LendingHome Funding Corporation

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware

\_\_\_\_\_  
(Incorporated under laws of)

3. 07/13/2015

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/15/2021

5. Kiavi Funding, Inc.

\_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

\_\_\_\_\_

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| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Nora Gibson*

\_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Nora Gibson

\_\_\_\_\_  
 (Typed or printed name of person signing)

General Counsel

\_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**