

LO9000089988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

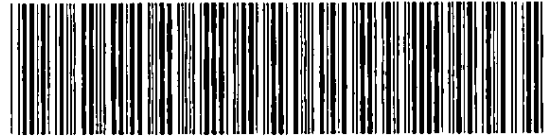
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL WASSSEE, FLORIDA

2019 NOV 20 PM 1:28

RECEIVED

19 NOV 20 PM 4:01

SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 21 2019
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

FILED
DIVISION OF CORPORATIONS
19-NOV-20 PM 4:01

Date: 11/20/2019

Acc#120160000072

W: C D W

Name:	TERRA MORTGAGE BANKERS, LLC (FL)
Document #:	
Order #:	12410943

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Verifier _____
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Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

RECEIVED FILED STATE
DIVISION OF CORPORATIONS
19 NOV 20 PM 4: 01

TO: Registration Section
Division of Corporations

SUBJECT: TERRA MORTGAGE BANKERS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jayne Halli
Name of Person

Terra
Firm/Company

2665 S Bayshore Dr., #1020
Address

Coconut Grove, FL 33133
City/State and Zip Code

jhalli@terrargroup.com or mromero@terrargroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

May Romero at (305) 416-4556 ext. 141
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 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. Name of the limited liability company: TERRA MORTGAGE BANKERS, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
2665 S. Bayshore Dr., #1020 PO Box 330609
Coconut Grove, FL 33133 Miami, FL 33233

3. 09/16/2009 4. 1.09000089988
 Date of filing/registration in Florida Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Pedro Martin
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2665 S Bayshore Dr., #1020
Coconut Grove, FL 33133

(b) _____
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

19 NOV 20 PM 4: 01
 DIVISION OF CORPORATIONS
 FLORIDA DEPT. OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] _____ Jayme Halli _____
 Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System James M. Halpin
 Signature of Registered Agent Assistant Secretary

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