

9/25/2015

Division of Corporations

NO 7000002608

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BRADLEY ARANT BOULT CUMMINGS, LLP
Account Number : I19990000156
Phone : (813)229-3333
Fax Number : (813)229-5946

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERIFACTORS FINANCIAL GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED
15 SEP 24 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERIFACTORS FINANCIAL GROUP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy M. Carnrite
Name of Person

Bradley Arant Boult Cummings
Firm/Company

100 South Ashley Drive, Suite 1300
Address

Tampa, FL 33602
City/State and Zip Code

tcarnrite@bab.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary McKay at (813) 559-5500
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AMERIFACTORS FINANCIAL GROUP, LLC

Enter new principal office address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS) 215 Celebration Place, Suite 340 Celebration, FL 34747

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX) 215 Celebration Place, Suite 340 Celebration, FL 34747

2. The Florida document number of this limited liability company is: M07000002608

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 05/03/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AFFG TERMINUS, LLC (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<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
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Kevin R. Gowen, Sr.
Signature of the authorized representative

Kevin R. Gowen, Sr., President and Chief Executive Officer

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERIFACTORS FINANCIAL GROUP, LLC", CHANGING ITS NAME FROM "AMERIFACTORS FINANCIAL GROUP, LLC" TO "AFFG TERMINUS, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2015, AT 1:22 O'CLOCK P.M.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4296245 8100
SR# 20150130030

Authentication: 10075007
Date: 09-16-15

You may verify this certificate online at corp.delaware.gov/authver.shtml

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