

M09000004113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

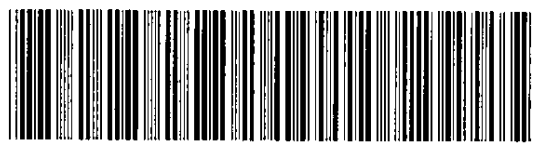
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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09/16/17--01017--001 **25.00

FILED
2017 JUN 16 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUN 20 2017

430 Main Street, Suite 3
Williamstown, MA 01267



Phone: (413) 458-9045
Fax: (413) 458-9051
sgnswold@developfinance.net

June 12, 2017

Florida Department of State
Corporations Division
P.O. Box 6327
Tallahassee, FL 32314

RE: DFC Land, LLC
Document No. M09000004113

Dear Sir/Madam:

Enclosed for filing, please find the Foreign Amendment to Certificate of Authority to Transact Business for the above captioned limited liability company, together with our check in the amount of \$25.

Please return a filed copy to my attention, in the self-addressed, stamped envelope provided.

Please contact me should you have any questions regarding the enclosed. Thank you.

Sincerely,

Shana Griswold
Paralegal

Encs.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFC Land, 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:

Shana Griswold
Name of Person

Developer Finance Corporation
Firm/Company

26 Union Street
Address

North Adams MA 01247
City/State and Zip Code

sgriswold@developerfinance.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shana Griswold at (413) 458-9045 ext 127
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

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

FILED
2017 JUN 16 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, 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 DFC Land, LLC

Enter new principal office address, if applicable. 26 Union Street

(Principal office address)
MUST BE A STREET ADDRESS North Adams, MA 01247

Enter new mailing address, if applicable: 26 Union Street

(Mailing address)
MAY BE A POST OFFICE BOX North Adams, MA 01247

2. The Florida document number of this limited liability company is: M09000004113

3. Jurisdiction of its organization DE

4. Date authorized to do business in Florida 10/16/07

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

5. New name of the limited liability company _____
(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 a 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 _____

New Registered Office Address, _____
Enter Florida Street Address

_____, Florida _____
City 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

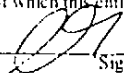
7 If the amendment changes the jurisdiction of organization, indicate new jurisdiction

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

Title/Capacity	Name	Address	Type of Action
_____	_____	_____	<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

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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 *Not required*



Signature of the authorized representative

*Shana Griswold, AVP of Developer Finance Corporation,
its Managing Member*

Typed or printed name of signee

Filing Fee: \$25.00