

M11000002640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

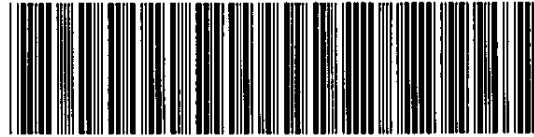
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2013

T. WASHINGTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARK LOAN SOLUTIONS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN R. AMSTER

Name of Person

Firm/Company

1855 Griffin Road, Suite A-370

Address

Dania Beach, FL 33004

City/State and Zip Code

samster@kodsilawfirm.com

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

For further information concerning this matter, please call:

Steven R. Amster at (**954**) **771-8277**

Name of Person

Area Code and 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

\$55.00 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy



1855 GRIFFIN ROAD, SUITE A-370
DANIA BEACH, FLORIDA 33004

TELEPHONE: 954.771.8277
FACSIMILE: 954.771.4676

Steven R. Amster, Esq., ext 111
e-mail: samster@kodsilawfirm.com

August 26, 2013

SENT VIA 2nd DAY FEDERAL EXPRESS
AIRBILL NO. 7965 4912 1365

Ms. Tammy Hampton
Regulatory Specialist II
Florida Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

RE: ARK LOAN SOLUTIONS, LLC
Ref. Number: M11000002640

Dear Ms. Hampton:

In response to your letter dated August 19, 2013, enclosed please find the following:

1. A copy of your letter dated August 19, 2013
2. Cover letter and Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s)
3. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company
4. Check in the amount of \$25.00 representing filing fee for the 2nd form

Please note these forms are being filed to change the following information for Ark Loan Solutions, LLC ("Ark Loan"):

- a. Principal office address and mailing address of Ark Loan
- b. Principal office address and mailing address of registered agent of Ark Loan
- c. Address of Manager of Ark Loan

Should you have any questions or need additional information, do not hesitate to contact our office.

Sincerely,
KODSI LAW FIRM, P.A.
Steven R. Amster
Steven R. Amster, Esq.

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG 27 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 19, 2013

STEVEN R AMSTER
KODSI LAW FIRM PA
1855 GRIFFIN RD - STE A-370
DANIA BEACH, FL 33004

SUBJECT: ARK LOAN SOLUTIONS, LLC
Ref. Number: M11000002640

We have received your document for ARK LOAN SOLUTIONS, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00019766

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ARK LOAN SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 1855 GRIFFIN ROAD, SUITE A-370
DANIA BEACH, FL 33004
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1855 GRIFFIN ROAD, SUITE A-370
DANIA BEACH, FL 33004
(Note: MAY BE POST OFFICE BOX)

MAY 23, 2011

M11000002640

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: STEVEN R. AMSTER, ESQ.


Registered Office Address: AMSTER GOTTFRIED, P.A.
701 w. CYPRESS CREEK ROAD, SUITE 303
FORT LAUDERDALE, FLORIDA 33309

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: STEVEN R. AMSTER, ESQ.

NEW Registered Office Address: AMSTER GOTTFRIED, P.A.
(MUST BE FLORIDA STREET ADDRESS) 1855 GRIFFIN ROAD, SUITE A-370
DANIA BEACH, FL 33004

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 the 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 of a member or authorized representative of a member

STEVEN R. AMSTER
Printed or typed name of signee

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 608, 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.


Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
AUG 27 PM 3:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE