

M18 00000 2469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

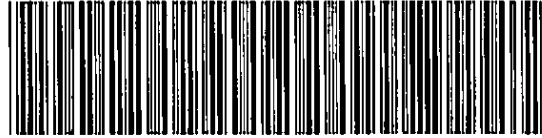
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 JAN 22 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
(407) 281-2000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walz 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:

Katherine A. Rasmussen, VP Corporate Counsel
Name of Person

LenderLive Holdings, Inc.
Firm/Company

710 S. Ash St, Suite 200
Address

Glendale, CO 80246
City/State and Zip Code

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

For further information concerning this matter, please call:

Katherine A. Rasmussen, VP Corporate Counsel at (303) 357-4455
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2018

KATHERINE A RASMUSSEN VP CORPORATE COUNSEL
710 S. ASH ST STE 200
GLENDALE, CO 80246

SUBJECT: WALZ GROUP, LLC
Ref. Number: M18000002469

We have received your document for WALZ GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 618A00026435

RECEIVED

2019 JAN 22 PH 4: 56

SECRETARY OF STATE
TALLAHASSEE, FL

**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: Walz Group, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2018 JAN 22 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

2. The Florida document number of this limited liability company is: M18000002469

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/12/2018

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

5. New name of the limited liability company: Covius Document Services, 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 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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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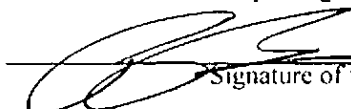
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Pete Pannes

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Walz Group, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is hereby changed from Walz Group, LLC to Covius Document Services, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 26th day of November, A.D. 2018.

By:  _____
Authorized Person(s)

Name: Peter Panne
Print or Type

January 21, 2019

Florida Division of Corporations
Rebekah White, Regulatory Specialist II
P.O. Box 6327
Tallahassee, FL 32314

RE: *Walz Group, LLC – Ref. Number: M1800002469*
Letter Number: 618A000026435

Dear Ms. White:

Please find the corrected filing submitted on behalf of Walz Group, LLC and accompanied documentation and certificate of name change from the home state.

Thank you for your assistance. If you have any additional questions, please contact Courtnee Kennedy, Esq. of (303)888-5699 or courtneekennedy@comcast.net.

Sincerely,
Walz Group, LLC