te: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000119344 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Documents@incorp.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUSTAR MORTGAGE, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help APR 0 2 2024 T. LEMIEUX

H24000119344 3

### \* COVER LETTÉR

TO:	Registration Division of	Section Corporations			
SUBJ	ECT: Trusta	ır Mortgage, LLC			
		Name of Foreig	yn Limited Liabili	ity Com	pany
Dear S	Sir or Madam	:			
The cr	nclosed applic	cation, certificate and fee(s)	are submitted for	r filing.	
Please	return all co	rrespondence concerning th	is matter to the fo	ollowing	y.
Jackie	e DeFilippis				
		Name of Person			
InCor	o Services. Ir	nc.			
		Firm/Company			
3773	Howard Hugl	hes Pkwy. · Suite 500S			
		Address			
Las V	egas, NV 89	169-6014			
		City/State and Zip Cod	e		
	ments@incor	•			
E-n	nail address: (	to be used for future annua	l report notification	on)	
For fu	rther informa	tion concerning this matter.	, please call:		
Jackie	e DeFilippis		at 800-246-26	77	
	Nan	ne of Person	-	& Daytii	ne Telephone Number
	P.O. Box 6	n Section Corporations	R D T 2	Division The Cen 1415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303
	Enclosed is Filing Fee	a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount:  S55 Filing Fa Certified Co		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

# 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 appear State: Trustar Mortgage, LLC	s on the records of the Proposition Department of				
Enter new principal office address, if applicable:	1100 Laskin Road Suite 200, Virginia Beach, VA 23451				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: ( <u>Mailing address</u> MAY BE A POST OFFICE BOX)	1100 Laskin Road Suite 200. Virginia Beach. VA 23451				
2. The Florida document number of this limited lia	ability company is: M20000002633				
3. Jurisdiction of its organization: Virginia	<u></u>				
4. Date authorized to do business in Florida: 03/	02/2020				
SECTION II (5-9 complete only the applicable					
5. New name of the limited liability company: A	rcher Mortgage, LLC st contain "Limited Liability Company, " "L.L.C.," or "LEC.")				
(mus	at contain "Limited Liability Company, " "L.L.C.," or "山丘.") - デン				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mainust contain "Limited Liability Company," "L.L.C	1 for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")				
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Street Address				
	, Florida Crty: Zrp Code				
New Registered Agent's Signature, if changing Re	egistered Agent				
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my didies, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited				

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	<u>Name</u>	Address Type	of Actio
Manager	Carol Stalzer	3998 Fair Ridge Drive #320. Fairfax, VA 22033	□Add
			■Rem
Manager	Danielle London	1100 Laskin Road Suite 200, Virginia Beach, VA 23451	⊡Add
			⊡Rem
naging nber	Richard Bernarde	1100 Laskin Road Suite 200, Virginia Beach, VA 23451	⊡Add
			□Rem
			⊡Add
			□Rem
			□Add
aforemention	inder the law of which this entity	ated by the official having custody of records in the	□Rem

Filing Fee: \$25.00

## Common brealth & Hirginia



## State Corporation Commission

### **CERTIFICATE OF FACT**

1 Certify the Following from the Records of the Commission:

The name of Trustar Mortgage, LLC was changed to Archer Mortgage. LLC pursuant to a certificate of amendment issued by the Commission effective as of November 1, 2023.

Nothing more is hereby certified.



Signed and Scaled at Richmond on this Date:

March 29, 2024

Bernard J. Logan. Clerk of the Commission