

F13 0000001489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

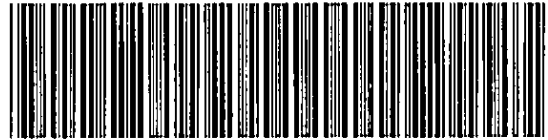
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 4 2023

11/29

Office Use Only



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FILED  
2022 NOV 29 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2022

RANDY RUBIO  
5016 N. PKWY CALABASAS  
SUITE 200  
CALABASAS, CA 91302 US

SUBJECT: BM REAL ESTATE SERVICES, INC.  
Ref. Number: F13000001489

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 522A00025190

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PFN Lending Group, Inc.  
Name of Corporation

DOCUMENT NUMBER: F13000001489

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANDY RUBIO

Name of Contact Person

PFN LENDING GROUP, INC.

Firm/Company

5016 N. PKWY CALABASAS, SUITE 200

Address

CALABASAS, CA 91302

City/State and Zip Code

RANDYRUBIO@PRIORITYFINANCIAL.NET

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

For further information concerning this matter, please call:

RANDY RUBIO

Name of Contact Person

at ( 818 )

936-3884

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F13000001489

(Document number of corporation (if known))

1. BM Real Estate Services, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. CALIFORNIA

(Incorporated under laws of)

3. 04/04/2013

(Date authorized to do business in Florida)

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2022 NOV 29 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 06/14/2022

5. PFN Lending Group, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

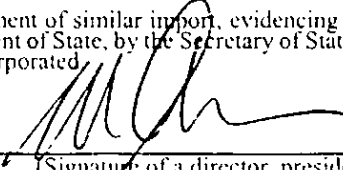
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (+), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>CHARLES HOFFMAN</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>IKONA NOWAK</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated 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 corporate records in the jurisdiction under the laws of which it is incorporated.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

MARC SHENKMAN

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00