

L090000089988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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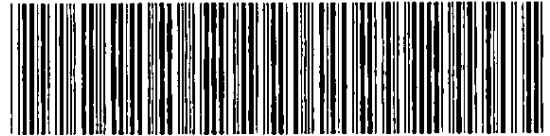
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 NOV 20 PM 4:01

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 21 2019
McNAIR

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/20/2019

Acc#120160000072

W: C D W

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DIVISION OF CORPORATIONS
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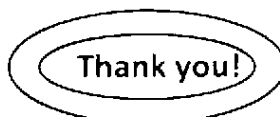
Name:	TERRA MORTGAGE BANKERS, LLC (FL)
Document #:	
Order #:	12410943

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Ref# _____

Amount: \$ 55.00



COVER LETTER

RECEIVED
DIVISION OF CORPORATIONS
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TO: Registration Section
Division of Corporations

SUBJECT: TERRA MORTGAGE BANKERS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jayme Halli

Name of Person

Terra

Firm/Company

2665 S Bayshore Dr., #1020

Address

Coconut Grove, FL 33133

City/State and Zip Code

jhalli@terrargroup.com or mromero@terrargroup.com

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

For further information concerning this matter, please call:

May Romero at (305) 416-4556 ext. 141
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

☒ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: TERRA MORTGAGE BANKERS, LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>2665 S. Bayshore Dr., #1020</u> <u>Coconut Grove, FL 33133</u> <u>09/16/2009</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>PO Box 330609</u> <u>Miami, FL 33233</u> <u>1.09000089988</u>
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3. 09/16/2009 Date of filing/registration in Florida 4. 1.09000089988 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Pedro Martin
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2665 S Bayshore Dr., #1020
Coconut Grove, FL, 33133

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL, 33324

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STATE
DEPT. OF
CORPORATIONS

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 an 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	<u>Jayne Halli</u> _____ Printed or typed name of signer
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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.

By: C T Corporation System

Signature of Registered Agent

James M. Halpin
Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00