

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000057849

**FILED**  
**Dec 13, 2013**  
**Secretary of State**

**Entity Name:** SHG LOAN, LLC

**Current Principal Place of Business:**

820 PRUDENTIAL DRIVE  
SUITE 615  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1905 CORPORATE SQUARE BLVD.  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

820 PRUDENTIAL DRIVE  
SUITE 615  
JACKSONVILLE, FL 32207

**New Mailing Address:**

1905 CORPORATE SQUARE BLVD.  
JACKSONVILLE, FL 32216

**FEI Number:** 45-5167366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALSH, ALIX E  
820 PRUDENTIAL DRIVE  
SUITE 615  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

SALVATORE, DILORETO  
1905 CORPORATE SQUARE BLVD.  
JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SALVATORE DILORETO

12/13/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: DILORETO, SALVATORE  
Address: 1905 CORPORATE SQUARE BLVD  
City-St-Zip: JACKSONVILLE, FL 32215 US

Title: DR  
Name: DILLAHUNT, PAUL  
Address: 1905 CORPORATE SQUARE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SALVATORE DILORETO

DR

12/13/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date