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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

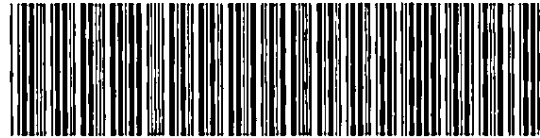
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(Office)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LHC LOANS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH BRENNAN

Name of Person

BRENNAN REALTY, INC.

Firm/Company

225 ARAGON AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

BRENNANREALTY@USA.COM

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

For further information concerning this matter, please call:

JOSEPH BRENNAN 305 992-5969
Name of Person at (Area Code) Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2020

JOSEPH BRENNAN
BRENNAN REALTY, INC.
225 ARAGON AVENUE
CORAL GABLES, FL 33134

SUBJECT: LHC LOANS LLC
Ref. Number: L18000270516

We have received your document for LHC LOANS 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):

I'm sorry but you have completed the wrong form. Please sign the attached form.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 020A00011466

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: LHC LOANS LLC

2. (a) 225 ARAGON AVENUE (b) 225 ARAGON AVENUE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

CORAL GABLES, FL 33134

CORAL GABLES, FL 3313

11/20/2018

L18000270516

3. Date of filing/registration in Florida

4. Document number

5. (a) VANESSA M BERTRAN PA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

50 ALHAMBRA PLAZA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8TH FLOOR

CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

55 ALHAMBRA PLAZA

NEW Registered Office Address:

8TH FLOOR

CORAL GABLES, FL 3334

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.

JOSEPH P BENNAN

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 NOV 27 PM 3:53