Division of Corporations

Page 1 of 1



Note: 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.

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H140001393953ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

RECEIVED 4 JUN 12 AM 10: 51

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APEX FINANCIAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help J. HARRIS

#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: APEX Financial Management, LLC			
Name of Foreign	Limited Liabil	ity Compar	יענ
Dear Sir or Madam:			1
The enclosed application, certificate and fee(s) a	re submi <b>tted</b> fo	r filling.	
Please return all correspondence concerning this	matter to the it	illowing	
Name of Person			
APEX Financial Management, LLC			•
Firm/Company			· · · · ·
Address			
City/State and Zip Code	· .		:
douglas@jacobsenholdings.com			i ·
E-mail address: (to be used for future annual re	eport notification	ju).	
For further information concerning this matter, p	leaso call:		•
	at ()		· · · · · · · · · · · · · · · · · · ·
Name of Person	Area Code	è Daytimo	Tolephone 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 Tallahassec, Florida 32314		
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (12/13)	Certified C		3 \$60 Filling Fee, Confidence of Status & Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida State: APEX Financial Management, LLC	Department of
2. Jurisdiction of its organization; illinois	
3. Date authorized to do business in Plorida: 11/24/2003	
SECTION II (4-7 complete only the applicable changes)	
4. New name of the limited liability company: ILMortgage Resolution, Live (must contain "Limited Liability Company)	,~~,L.C.," or ~1.1.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting Florida and attach a copy of the written consent of the managers or managing me the alternate name. The alternate name must contain "Limited Liability Companior "LLC.")  5. If the amendment changes the jurisdiction of organization, indicate new juris	ombers adopting
6. If the amendment changes person, title or capacity in accordance with 603,09 that change:	02 (1)(e), indicate
7. Attached is an original certificate, if required: no more than 90 days old, evid aforementioned amendment(s), duly authenticated by the official having cust jurisdiction under the law of which this entire is organized.  Separated the subcrited representative  Typed or prioted name of algree	enoing the ody of records in the

Filing Fee: \$25.00

14 JUN 12 AM 10: 42

### File Number

#### 0046162-8



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JUNE A.D. 2014

Authentication #: 1416200971 - Authentication #: http://www.cyberdrivelilinois.com

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SECRETARY OF STATE