

**MOE00001962**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

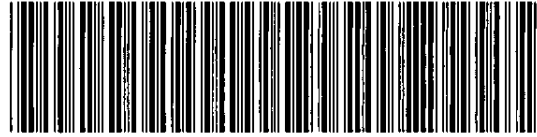
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900298684879

MAY 03 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -2 PM 9:21

RECEIVED  
2017 MAY -2 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 5/2/2017

**PRIORITY:** Routine

**OUR REF.#/(Order ID#):** 573850

**ORDER ENTITY:**

WHITE OAK COMMERCIAL FINANCE, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

WHITE OAK COMMERCIAL FINANCE, LLC (FL)

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -2 PM 9:21

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Capital Business Credit LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M05000001962

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/14/2005

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: White Oak Commercial Finance, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida**

\_\_\_\_\_, **City**

\_\_\_\_\_, **Zip Code**

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

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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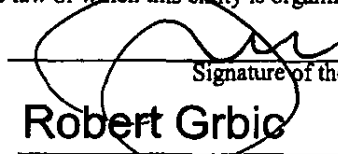
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
**Robert Grbic**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CAPITAL BUSINESS CREDIT LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WHITE OAK COMMERCIAL FINANCE, LLC" ON THE FIRST DAY OF MAY, A.D. 2017, AT 6:49 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHITE OAK COMMERCIAL FINANCE, LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2005.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -2 PM 9:21



  
Jeffrey W. Bullock, Secretary of State

3947727 8320  
SR# 20172984325

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202468348  
Date: 05-02-17