

M0500002316

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000044199 3))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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TALLAHASSEE, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRIMERO HOME LOANS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 08 |
| Estimated Charge | \$25.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primero Home Loans, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Miller, Paralegal
Name of Person

Bricker & Eckler LLP
Firm/Company

100 S. Third St.
Address

Columbus, OH 43215
City/State and Zip Code

cmiller@Bricker.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Mallett at (614) 227-4816
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Primero Home Loans, 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: M05000002316

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 04/28/2005

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

5. New name of the limited liability company: Keller Mortgage, 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 |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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

John A. Fearon

 Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of February, A.D. 2017.

Ohio Secretary of State

Jon Husted

Validation Number:
201704405254

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|------------|--------------|---|--------|--------|---------|------|------|
| 02/08/2017 | 201703902036 | LIMITED LIABILITY COMPANY - AMENDMENT (LAM) | 50.00 | 100.00 | 0.00 | 0.00 | 0.00 |

Receipt

This is not a bill. Please do not remit payment.

BRICKER & ECKLER LLP
CHRISTINA MILLER
100 S. THIRD ST.
COLUMBUS, OH 43215

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**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
1525567**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
KELLER MORTGAGE, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 02/07/2017

Document No(s):

201703902036



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
8th day of February, A.D. 2017.

Jon Husted
Ohio Secretary of State



Form 543A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-707-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
business@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1529
Columbus, OH 43216

Expedite Filing (Five business day processing time)
Requires an additional \$100.00

P.O. Box 1380
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

03/02/2005
Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

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 CLIENT SERVICE CENTER

The undersigned authorized representative of:

Primero Home Loans, LLC
Name of limited liability company

1525567
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Keller Mortgage, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

[Handwritten signature in signature box]

Signature

[Empty signature box]

By (if applicable)

John A. Fearon, President

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

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