

M0500000 7040

(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



400280741814

01/25/16--01028--002 **25.00

FILED
2016 JAN 25 PM 2:53
STATE OF FLORIDA
TALLAHASSEE FLORIDA

JAN 26 2016
J. HARRIS



January 22, 2016

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Proficio Mortgage Ventures, LLC
Application by Foreign Limited Liability Company to File Amendment to
Certificate of Authority to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida that we submit on behalf of our client Proficio Mortgage Ventures, LLC ("PMV"). PMV seeks to amend its principal office location effective January 31, 2016 from 110 Hillcrest Street, Orlando, Florida 32801 to 2225 Village Walk Drive, Suite 260, Henderson, Nevada 89052. We include a check in the amount of \$25 for the filing fee.

Please do not hesitate to contact me at (202) 728-4462 or at pickover@thewbkfirm.com if you have any questions.

Sincerely,



Nancy Pickover

Licensing Specialist

Enclosures

F:\27542\002\PMV\SOS Address Change\Florida Cover Letter.docx

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proficio Mortgage Ventures, 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:

Kira Jackson

Name of Person

Proficio Mortgage Ventures, LLC

Firm/Company

6480 Rockside Woods South, Suite 220

Address

Independence, OH 44131

City/State and Zip Code

kjackson@proficiobank.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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: Proficio Mortgage Ventures, LLC

Enter new principal office address, if applicable: 2225 Village Walk Drive, Suite 260

(Principal office address

MUST BE A STREET ADDRESS)

Henderson, NV 89052

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2225 Village Walk Drive, Suite 260

Henderson, NV 89052

2. The Florida document number of this limited liability company is: M05000007040

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/29/2006

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

5. New name of the limited liability company: _____
(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

2016 JAN 25 PM 2:53

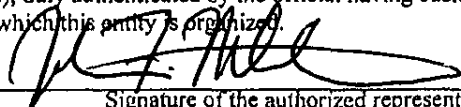
FILED

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ 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 Miller

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 JAN 25 PM 2:53
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA