M05000007040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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2016 JAN 25 PM 2:53

TALLAHASSEE FLORIDA

JAN 26 2016

J. HARRIS

WEINER BRODSKY KIDER PC

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
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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

CR2E055 (9/15)

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
Henderson, NV 89052

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2225 Village Walk Drive, Suite 260
Henderson, NV 89052

(Mailing address MAY BE A POST OFFICE BOX)

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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

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:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ 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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA