# Electronic Filing Cover Sheet

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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H150002310233ABCR

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BRADLEY ARANT BOULT CUMMINGS, LLP

Account Number : I19990000156 Phone : (813)229-3333

fax Number : (813)229-5946

			address											
an	nual	repor	t mailin	gs.	Enter	only	one	email	addr	ess	plea	ase.	**	]

Email Address:\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERIFACTORS FINANCIAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	()5
Estimated Charge	\$25.00

SEP	2	5	20	15
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Electronic Filing Menu

Corporate Filing Menu

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CR2E055 (9/15)

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### **COVER LETTER**

TO: Registration Section Division of Corporations			æ
SUBJECT: AMERIFACTORS FI	NANCIA	L GR	OUP, LLC
Name of Foreign	Limited Liab	ility Compa	any
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) ar	e submitted f	or filing.	
Please return all correspondence concerning this	matter to the	following:	
Troy M. Carnrite			
Name of Person		-	
Bradley Arant Boult Cummin	gs		
Firm/Company		•	
100 South Ashley Drive, Sui	ite 1300		
Address		_	
Tampa, FL 33602			
City/State and Zip Code		-	
tcarnrite@babc.com			
E-mail address: (to be used for future annual re	eport notificat	tion)	
For further information concerning this matter, p	lease call:	550	5500 ·
	at (013	) 558-	3300
Name of Person	Area Code	& Daytim	e Telephone Number
STREET/COURIER ADDRESS:		MAILI	ING ADDRESS:
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tailaha	ssee, Florida 32314
Enclosed is a check for the following amount:			
■ \$25 Filing Fee □ \$30 Filing Fee &	☐ \$55 Fili		☐ \$60 Filing Fee,
Certificate of Status	Certifie	d Conv	Certificate of Stat

2

Certified Copy

(((H15000231023 3)))

### 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)

State: AMERIFACTORS FINANC		_					
Enter new principal office address, if applicable:	N/A						
(Principal office address	215 Celebration Place, Suite 340 Celebration, FL 34747						
MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:	N/A	_					
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	215 Celebration Place, Suite 340						
	Celebration, FL 34747	_					
2. The Florida document number of this limited lis	ability company is: M0700002608	<b></b>					
3. Jurisdiction of its organization: DE	SALE:						
4. Date authorized to do business in Florida: 05/	/03/2007 ₹	33					
SECTION II (5-9 complete only the applicable	<b>4.</b>	24					
5. New name of the limited liability company: AFFG TERMINUS, LLC (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")							
(mus	it contain "Limited Liability Company, ""L.E.C.," or "L.E.C.						
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C.	I for the purpose of transacting business in Florida are attach naging members adopting the alternate name. The alternate name. The alternate name."	ame					
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered a	ed officer address on our records, enter the name of the new						
Name of New Registered Agent: N/A	<del></del>						
New Registered Office Address: N/A		-					
	Enter Florida Street Address	-					
	, Florida	<b>-</b>					
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am familiar w tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the lin	vith					

If Changing Registered Agent, Signature of New Registered Agent

### (((H15000231023 3)))

N/A 8. If the amendment		n accordance with 605.0902 (1)(e), indicate that	t change:		
N/A Title/ Capacity	Name	Address	Type of Action		
			Add		
			Remove		
······································		Address of the second s	Add		
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			Add EF.	SEP 24 PM	
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			Add		
aforementioned a	r the law of which this entity is or  CO EVICA (  Signature	by the official having custody of records in th	Remove		
		rinted name of signee			
	· Filis	ng Fee: \$25.00			

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERIFACTORS FINANCIAL
GROUP, LLC", CHANGING ITS NAME FROM "AMERIFACTORS FINANCIAL
GROUP, LLC" TO "AFFG TERMINUS, LLC", FILED IN THIS OFFICE ON
THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2015, AT 1:22 O'CLOCK P.M.

4296245 8100 SR# 20150130030

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10075007

Date: 09-16-15