

MD700000 3467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

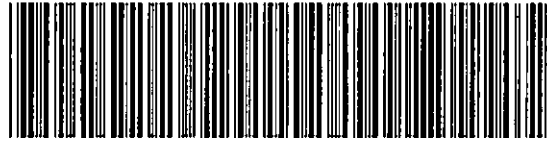
(Document Number)

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

Special Instructions to Filing Officer:

file per Lyn/Diane

Office Use Only



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2020 FEB - 4 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

FEB 04 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2020

KELLI HUTCHINSON  
50 CHASTAIN CENTER BLVD  
KENNESAW, GA 30144

Ref. Number: M07100003467

*Brand Mortgage Group*

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name change amendment from Georgia needs to state effective on 03/01/2020, since it was filed on 12/11/2019 according to attached document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00002108



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2020

KELLI HUTCHINSON  
50 CHASTAIN CENTER BLVD  
KENNESAW, GA 30144

SUBJECT: BRAND MORTGAGE GROUP, LLC  
Ref. Number: M07000003467

We have received your document for BRAND MORTGAGE GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The new name of company does not match name on amendment certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 420A00001123

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brand Mortgage Group, 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:

Kelli Hutchinson

Name of Person

Brand Mortgage Group, LLC

Firm/Company

50 Chastain Center Blvd

Address

Kennesaw, GA 30144

City/State and Zip Code

khutchinson@brandmortgage.com

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

For further information concerning this matter, please call:

Kelli Hutchinson

at ( 678 ) 442-3116

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

*\* Filing fee*

**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: Brand Mortgage Group, 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)

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TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M07000003467

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 06-08-2007

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

5. New name of the limited liability company: Capital City Home Loans, LLC (effective 3/1/20)  
(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

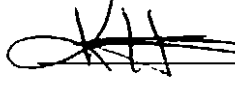
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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
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SECRETARY OF STATE  
TALLAHASSEE, FL

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

Kelli Hutchinson

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF AMENDMENT

### NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

### **BRAND MORTGAGE GROUP, LLC**

a Domestic Limited Liability Company

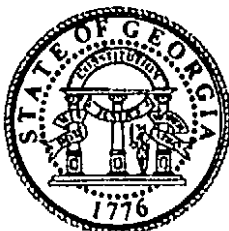
has filed articles/certificate of amendment in the Office of the Secretary of State on 03/01/2020 changing its name to

### **Capital City Home Loans, LLC**

a Domestic Limited Liability Company

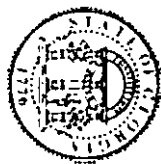
and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 12/11/2019.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



# GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE  
BRAD RAFFENSPERGER

[HOME \(/\)](#)

## BUSINESS SEARCH

### BUSINESS INFORMATION

Business Name: **BRAND MORTGAGE GROUP, LLC**

Control Number: **0661958**

### NAME CHANGE HISTORY

Filing Number	Old Name	New Name	Filing Date	Effective Date
18207167	BRAND MORTGAGE GROUP, LLC	Capital City Home Loans, LLC	12/11/2019 1:43:05 PM	03/01/2020

Page 1 of 1, records 1 to 1 of 1

[Back](#)

Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>

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