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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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T. CLINE

APR 17 2008

EXAMINER

MON-6062

COVER LETTER

Registration Section'
Division of Corporations

TO:

| SUBJECT: Interstate First Final | ncial of Highland | s County, Ll | _C | |
|---|--|------------------|--|----|
| (Name of Foreig | gn Limited Liability Com | pany) | _ | |
| Dear Sir or Madam: | | | | |
| Dear Sit of Madain. | | | | |
| The enclosed application, certificate and fee | (s) are submitted for filin | g. | | |
| Please return all correspondence concerning | this matter to the following | ing: | | |
| Sharon Owens | | | | |
| (Name of Person) | | | | |
| | | | | |
| Interstate First Financial | M-5 | | | |
| (Firm/Company) | | | | |
| 2536 Countryside Blvd. 6th F | ar. | | | |
| (Address) | | | | |
| Clearwater, Florida 33763 | | | | |
| (City/State and Zip Co | ode) | | =1 k3 | |
| For further information concerning this matt | er, please call: | | 2008 APR 16 AM 10: 4 SECRETARY OF STATI ALLAHASSEF壹LORIO | -7 |
| Nathan Hightower | at (727) 726-0 | 0726 | R 16 TARY ASSE | |
| (Name of Person) | (Area Code & Daytime | e Telephone Numb | | |
| | | | 10: 1 STAT | · |
| STREET/COURIER ADDRESS: | | ING ADDRESS: | | |
| Registration Section | _ | ation Section | | |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | , | | |
| Enclosed is a check for the following amou | ınt: | | | |
| \$25 Filing Fee \$30 Filing Fee & | ☐\$55 Filing Fee & | ☐ \$60 Filing | Fee, | |
| Certificate of Statu | s Certified Copy | Certificate o | | • |
| | | Certified Co | ру | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

| Name of limited liability company as it appears on the records of the State: Interstate First Financial of Highlands County | he Florida Department of y, LLC |
|--|--|
| 2. Jurisdiction of its organization: Delaware | |
| 3. Date authorized to do business in Florida: 10/09/07 | Mar. 11.41. |
| SECTION II (4-7 complete only the applicab | le changes) |
| 4. If the amendment changes the name of the limited liability companion change effected under the laws of its jurisdiction of organization? | y, when was the 02/28/08 |
| 5. New name of the limited liability company: Interstate First Fina (must end with "Limited Liability | ancial of y Company, ""L.L.C.," or "LLC.") |
| Central Florida, LLC (If name unavailable, enter alternate name adopted for the purpose of Florida and attach a copy of the written consent of the managers or mathe alternate name. The alternate name must end with "Limited Liabil or "LLC.") | anaging members adopting |
| 6. If the amendment changes the period of duration, indicate new peri | EC 8 |
| 7. If the amendment changes the jurisdiction of organization, indicate | new jurisdiction: SSER 6 |
| 8. If the amendment corrects any false statement, indicate the statem correction: | ent being corrected and the |
| 9. Attached is an original certificate, no more than 90 days old, evider amendment(s), duly authenticated by the official having custody under the law of which this entity is organized. Signature of a member of the authorized representative Typed or printed name of signee. | y of records in the jurisdiction |

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERSTATE FIRST FINANCIAL OF CENTRAL FLORIDA, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2008.

4434085 8300

080249504

Harrie AUTHENTIC

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6415783

DATE: 02-28-08

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