

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

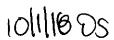
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	64
REFERENCE : 416675 7618595	• · .
AUTHORIZATION: Conclude man	.)
COST LIMIT : \$ 25.00	2
ORDER DATE : September 28, 2018	
ORDER TIME : 9:42 AM	
ORDER NO. : 416675-010	
CUSTOMER NO: 7618595	
FOREIGN FILINGS	
NAME: YES COMPANIES FINANCIAL SERVICES, LLC	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	
XXXX AMENDMENT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Emily Croft EXT# 62925	
EXAMINER:	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Flori	da Department of
State: YES COMMUNITIES FINAN	ICIAL SERVICES,	LLC
Enter new principal office address, if applicable:		·
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable:		<u>ta</u>
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		00007000
2. The Florida document number of this limited liab	oility company is: M070	00007208
3. Jurisdiction of its organization: DE		50
4. Date authorized to do business in Florida: 12/1	12/07	
SECTION II (5-9 complete only the applicable ch	hanges)	
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 to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging members adopting th	
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Ent on El	orida Street Address
	r,mer ru	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registed document is being filed to merely reflect a change in liability company has been notified in writing of this	t and agree to act in this co and complete performance red agent as provided for in the registered office add	of my duties, and I am familiar with in Chapter 605, F.S. Or, if this

<u>Name</u>	<u>Address</u>	Type of Action
Andrew D. Luter	1900 16th Street Suite 950 Denver, CO 803	202 Add
		Remo
Karen E. Hamilton	1900 16th Street Suite 950 Denver, CO 802	202 ■ Add
		· · ·
		Remo
<u>, </u>		Add
		50
		Remo
		Add
		Remov
		Add
		Remo
	Andrew D. Luter	Andrew D. Luter 1900 16th Street Suite 950 Denver, CO 803

Filing Fee: \$25.00

Typed or printed name of signee