

m0800000 1637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

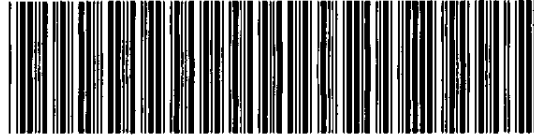
(Business Entity Name)

(Document Number)

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

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09/08/16--01001---007 \*\*108.75

RECEIVED  
DEPARTMENT OF STATE  
16 SEP - 7 PM 3:48

FILED

2016 SEP - 7 A 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

S Warren  
SEP 08 2016

**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 9-7-16

ENTITY NAME:

EQUITY CAPITAL LOANS LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

X

Plain Copy

Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

\_\_\_\_\_  
Certified Copy of Arts & Amendments

\_\_\_\_\_  
Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 25-

CHECK NUMBER: 2818

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Equity Capital Loans 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:

Isela Calderon

Name of Person

Wolz Corporate USA, Inc.

Firm/Company

36 South 18th Avenue, Suite D

Address

Brighton, CO 80601

City/State and Zip Code

compliance@equityprime.com

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

For further information concerning this matter, please call:

Isela Calderon

Name of Person

at (303) 655-9659

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

**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: Equity Capital Loans 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)

2. The Florida document number of this limited liability company is: M08000001637

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 03/14/2008

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

5. New name of the limited liability company: Equity Prime Mortgage LLC  
(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

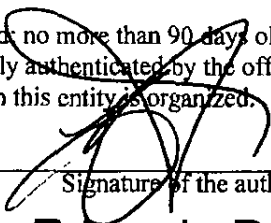
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Updating address

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Eduardo Perez Jr.</u>	<u>1150 Hammond Drive, Bldg. E, Ste. 650</u>	<input type="checkbox"/> Add
		<u>Atlanta, GA 30328</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Kunjan Patel</u>	<u>1150 Hammond Drive, Bldg. E, Ste. 650</u>	<input type="checkbox"/> Add
		<u>Atlanta, GA 30328</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Eduardo Perez Jr.</u>	<u>5 Concourse Pkwy., Suite 2250</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30328</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Kunjan Patel</u>	<u>5 Concourse Pkwy., Suite 2250</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30328</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Eduardo Perez Jr.

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

Filing Fee: \$25.00

FILED  
2015 FEB -7 A 9:01  
SECRETARY OF STATE  
TREASURY FLORIDA

Control Number : 08016855

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF FACT

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective August 18, 2016, the entity name of EQUITY LOANS, LLC, a Domestic Limited Liability Company, was changed to Equity Prime Mortgage LLC

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 13266643  
Print Date : 08/24/2016  
Form Number : 218



*B. P. Kemp*

Brian P. Kemp  
Secretary of State