11/17/2020

Division of Corporations

Florida Department of State

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208+0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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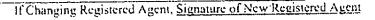
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida Department of	
State: Gregory Funding LLC		<u> </u>
Enter new principal office address, if applicable:	13190 SW 68th Pkway, Ste 200	
(Principal office address MUST BE A STREET ADDRESS)	Tigtard, OR 97223-8368	
Enter new mailing address, if applicable: (Mailing address	PO Box 230579 Tigard, OR' 97281-0579	
MAY BE A POST OFFICE BOX)	rigate, ore 5/200 on 5	
2. The Florida document number of this limited lia	ability company is: Mt1000006305	
3. Jurisdiction of its organization: Oregon		2010
4. Date authorized to do business in Florida: 11-2	28-2011	2070 HOV
SECTION II (5-9 complete only the applicable	changes)	8
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.	," or "BLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	anaging members adopting the alternate name. Th	a and attach a e alternate name
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address on our records, enter the name address here:	of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	, Florida	
	City Z	lip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope- and accept the obligations of my position as regis document is being filed to merely reflect a change	ent and agree to act in this capacity. I further agree and complete performance of my duties, and I a	m jamutai wun Or. if this





liability company has been notified in writing of this change.

To: 18506176383

le/ Capacity	Name	Address <u>I</u>	vne of Action
 ñı	Steve Rosenberg	9400 SW Beaverton-Hillsdale Hwy, Ste 131	□Add
		Beaverton, OR 97005	≅ Remo
Mgr Steve-Rosenberg	Steve-Rusenberg	13190 SW 68th Pkway, Ste 200	
	Tigard, OR 97223-8368	7020 HOV 1	
VP Irving Potter	9400 SW Beaverton-Hillsdale Hwy	8 . 	
	Beaverton, OR 97005	9: 2+ ===================================	
COO Russell Schaub	9400 SW Benverton-Hillsdale Hwy, Ste 13	I ⊡Add	
	Beaverton, OR 97005	≡ Remo	
00 	Russell Schaub	13190 SW 68th Pkway, Ste 200	\(\beta\)
		Tigard, OR 97223-8368	□Renw