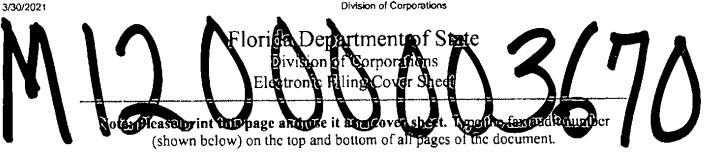
Division of Corporations



(((H21000128142 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Please keep original file date of 3/30/2021

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOANPAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

APR - 6 2021

M. SOLOMON

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Help

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

2021-04-05 10:55:17 CST

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the reco	rds of the Florida D	epartment of
cara Loanpal, LLC		
State: Loanpal, LLC		
Enter new principal office address, if applicable:		
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 compa		570
2. The Florida document number of this limited liability compa	ıny is:	<u> </u>
3. Inviediction of its organization. California		
Jurisdiction of its organization: California Date authorized to do business in Florida: 06/26/2012		
SECTION II (5-9 complete only the applicable changes)		•.
	LC	
5. New name of the limited liability company: CoodLEAP, L (must contain "L	imited Liability Co	npany, ""L.L.C.," or "LLC.")
(111-21-32-1-1-1-1	•	
(If name unavailable, enter alternate name adopted for the purp copy of the written consent of the managers or managing mem must contain "Limited Liability Company," "L.L.C." or "LLC	bers adopting the a	business in Florida and attach a hernate name. The alternate name
6. If amending the registered agent and/or registered officer ad registered agent and/or the new registered office address here:	dress on our record	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	a Street Address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple and accept the obligations of my position as registered agent document is being filed to merely reflect a change in the registlability company has been notified in writing of this change.	e to uct in inis capa ur performance of i os provided for in (hapter 605, F.S. Or, if this
If Changing Re	eistered Agent, Sig	nature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Fitle/ Capacity	Name	Address	Type of Action	
			□Add	
			□Remove	
dispulsive resistantians and a supplementary			DbAC	
			□Remove	
			□Add	
			☐ Remiove	
			□Add	
aforementioned ar	the law of which this entity is orga	y the official having custody of records in th	Remove	
	John Jason Walker, Authorized			

2021-04-05 10:55:17 CST

Filing Fee: 525.00

To: 18506176383 • Page: 5 of 6 2021-04-05 10:55:17 CST 19542080845 From: Ranae



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: GOODLEAP, LLC File Number: 201122110278 Registration Date: 08/05/2011

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of March 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 30, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y8XAXBZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos ca.gov/certification/index..