

# 3/12/2015 14:57:55 From T: 76383 (1/4)  
Division of Corporations Page 1 of 1  
**M13000000754**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL INFORMATION SERVICES

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Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*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  
CITIFINANCIAL SERVICING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALLY  
EXAMINER  
MAR 13 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CITIFINANCIAL SERVICING 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

CR21055 (12/14)

**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: CITIFINANCIAL SERVICING LLC
2. The Florida document number of this limited liability company is: M13000000754
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: 02/05/2013

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered office 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:

\_\_\_\_\_

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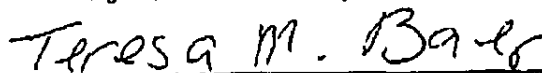
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
P. Manager	James W Schneider	300 St. Paul Place, Baltimore, MD ; 21202	<input checked="" type="checkbox"/> Remove
President	Charles Targee	300 St. Paul Place, Baltimore, MD ; 21202	<input checked="" type="checkbox"/> Add
Treasurer, Manager	Gregory Lechner	300 St. Paul Place, Baltimore, MD 21202	<input type="checkbox"/> Add <input type="checkbox"/> Remove
VP, Secretary, manager	Linda S Davis	300 St. Paul Place, Baltimore, MD 21202	<input checked="" type="checkbox"/> Remove
VP, Secretary	Shamit Mehta	30 Forest Avenue, Glen Ridge New Jersey 07028	<input checked="" type="checkbox"/> Add
Asst. Secretary	Lisa A Hoffman	3800 Citigroup Center DR, Tampa FL 33610	<input checked="" type="checkbox"/> Remove
Assist. Secretary	Teresa M. Baer	300 St. Paul, Baltimore MD 21202	<input checked="" 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



Typed or printed name of signer

Filing Fee: \$25.00