

M13000004666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

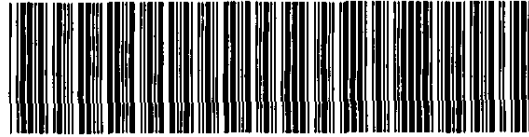
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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MAY 15 2014  
STATE OF FLORIDA  
CORPORATION DIVISION

JUN 16 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Charter Oak Lending Group, 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:

Donald DeRespinis

Name of Person

Firm/Company

5 Plantation Ct

Address

Bethel, CT 06801

City/State and Zip Code

danbury@snet.net

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

For further information concerning this matter, please call:

Donald DeRespinis at ( 203 ) 778-9999  
Name of Person 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 (1-3 must be completed)**

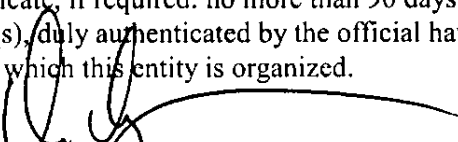
1. Name of limited liability Company as it appears on the records of the Florida Department of State: Charter Oak Lending Group, LLC
2. Jurisdiction of its organization: Connecticut
3. Date authorized to do business in Florida: July 24, 2103

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(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.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: to add Authorized person: Debra Ann Killian of 5 Plantation Ct, Bethel CT 06801, with a title of Member
7. Attached is an original 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  
**Donald DeRespinis**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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## SECRETARY OF THE STATE OF CONNECTICUT

**INTERIM NOTICE OF CHANGE OF MANAGER/MEMBER**

<b>FILING PARTY:</b>			
<b>Name:</b>	CHARTER OAK LENDING GROUP, LLC		
<b>Address:</b>	5 PLANTATION CT		FILING #0005125494 PG 1 OF 1 VOL B-01949 PAGE 2472 FILED ON 06/13/2014 11:12 AM SECRETARY OF THE STATE OF CONNECTICUT
<b>City:</b>	BETHEL		
<b>State:</b>	CT	<b>Zip:</b> 06801	
<b>Country:</b>			
<b>1. COMPLETE NAME OF LIMITED LIABILITY COMPANY REQUIRED:</b>			
CHARTER OAK LENDING GROUP, LLC			
<b>2. NEW MANAGER / MEMBER INFORMATION:</b>			
<b>Name</b>	<b>TITLE</b>	<b>RESIDENCE ADDRESS</b>	<b>BUSINESS ADDRESS</b>
DEBRA ANN KILLIAN	MEMBER	5 PLANTATION CT, BETHEL, CT 06801	5 PLANTATION CT, BETHEL, CT 06801
<b>3. MANAGER(S) / MEMBER(S) WHO HAVE CEASED TO BE MANAGER(S) / MEMBER(S):</b>			
<b>NAME</b>	<b>TITLE</b>	<b>RESIDENCE ADDRESS</b>	<b>BUSINESS ADDRESS</b>
NONE			
<b>4. EXECUTION</b> ( I hereby certify and state, under penalties of false statement, that all of the information set forth on this filing is true. I hereby electronically sign this document. )			
Dated This: 13 _____		Day of: June _____, 2014	
<b>NAME OF SIGNATORY (PRINT/TYPE)</b>		<b>CAPACITY/TITLE OF SIGNATORY</b>	
DONALD DERESPINIS		MEMBER	