

M14000005757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

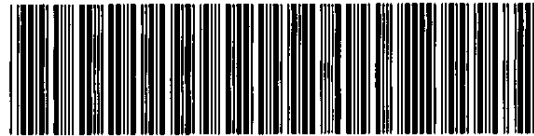
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAY - 9 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NFC Mortgage Company, 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:

Michelle Bramwell, Paralegal

Name of Person

Partridge Snow & Hahn LLP

Firm/Company

40 Westminster Street, Suite 1100

Address

Providence, RI 02903

City/State and Zip Code

mlb@psh.com

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

For further information concerning this matter, please call:

Michelle Bramwell at ( 401 ) 861-8200  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2017

PARTRIDGE SNOW & HAHN LLP  
MICHELLE BRAMWELL, PARALEGAL  
40 WESTMINSTER ST, STE 1100  
PROVIDENCE, RI 02903

SUBJECT: NFC MORTGAGE COMPANY, LLC  
Ref. Number: M14000005757

We have received your document for NFC MORTGAGE COMPANY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 917A00009003

**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: NFC Mortgage Company, LLC

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M14000005757

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: 08/12/2014

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

5. New name of the limited liability company: BayCoast Mortgage Company, 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

City, Florida 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

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

N/A

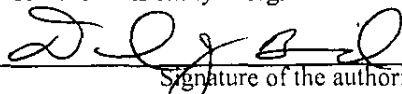
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

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TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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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

Daniel J. Briand, Manager

Typed or printed name of signee

Filing Fee: \$25.00



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02183*

May 8, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was

**BAYCOAST MORTGAGE COMPANY, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 31, 2013.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**NICHOLAS M CHRIST, CARL W TABER, DANIEL J BRIAND, JAMES F WALLACE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **NICHOLAS M CHRIST, CARL W TABER, DANIEL J BRIAND, JAMES F WALLACE, MARIE PELLEGRINO**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JAMES F WALLACE, MARIE PELLEGRINO, NICHOLAS M CHRIST, CARL W TABER, DANIEL J BRIAND**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

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TALLAHASSEE, FLORIDA



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**Special Filing Instructions**  
We currently have a name reservation on file for NFC Mortgage Company, LLC.

**Certificate of Amendment**

(General Laws, Chapter )

Identification Number: 462886385

The date of filing of the original certificate of organization: 5/31/2013

1.a. Exact name of the limited liability company: NFC MORTGAGE COMPANY, LLC

1.b. The exact name of the limited liability company as amended, is: BAYCOAST MORTGAGE COMPANY, LLC

2a. Location of its principal office:

No. and Street: 330 SWANSEA MALL DRIVE  
City or Town: SWANSEA State: MA Zip: 02777 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JAMES F. WALLACE  
No. and Street: 330 SWANSEA MALL DRIVE  
City or Town: SWANSEA State: MA Zip: 02777 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	NICHOLAS M CHRIST	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
MANAGER	CARL W TABER	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
MANAGER	DANIEL J BRIAND	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
MANAGER	JAMES F WALLACE	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name	Address (no PO Box)
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TALLAHASSEE, FLORIDA

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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
SOC SIGNATORY	MARIE PELLEGRINO	330 SWANSEA MALL DR SWANSEA, MA 02777 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JAMES F WALLACE	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
REAL PROPERTY	MARIE PELLEGRINO	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
REAL PROPERTY	NICHOLAS M CHRIST	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
REAL PROPERTY	CARL W TABER	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA
REAL PROPERTY	DANIEL J BRIAND	330 SWANSEA MALL DRIVE SWANSEA, MA 02777 USA

9. Additional matters:

THIS AMENDMENT WILL HAVE A LATER EFFECTIVE DATE OF MAY 8, 2017.

10. State the amendments to the certificate:

THAT THE NAME OF THE COMPANY LISTED IN SECTION 1 OF THE CERTIFICATE OF ORGANIZATION BE AMENDED TO BAYCOAST MORTGAGE COMPANY, LLC.

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

5/8/2017

SIGNED UNDER THE PENALTIES OF PERJURY, this 7 Day of February, 2017,  
DANIEL J. BRIAND , Signature of Authorized Signatory.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA