

MI4 00000 5922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

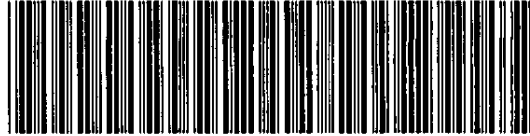
(Document Number)

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2016 JUL -6 P 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 JUL 20 P 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 07 2015
J. BRUCE



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

JEFFREY CHAPMAN
21 MAIN STREET, SUITE 201
BANGOR, ME 04401

SUBJECT: MAINE ASSET MANAGEMENT, LLC
Ref. Number: M14000005922

We have received your document for MAINE ASSET MANAGEMENT, 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 foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

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

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 016A00014281

2016 JUL 20 PM 2:18
JEFFREY CHAPMAN
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maine Asset Management, 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:

Jeffrey Chapman
Name of Person

Alterity Financial Group
Firm/Company

21 main Street suite 201
Address

Bangor, Maine 04401
City/State and Zip Code

jchapman@alterityfinancialgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Chapman at (207) 992-2226
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

FILED
2016 JUL 20 P 2:18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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: Maine Asset Management LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

21 main Street suite 201
Bangor, Maine 04401

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

P.O. Box 2010
Bangor, ME 04401

2. The Florida document number of this limited liability company is: M14000005922

3. Jurisdiction of its organization: Maine

4. Date authorized to do business in Florida: 8/18/2014

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

5. New name of the limited liability company: Alterity Financial Group 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

_____, 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:

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

<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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

Jeffrey Chapman
Typed or printed name of signee

Filing Fee: \$25.00

2016 JUL 20 2:18
STATE OF FLORIDA
TALLAHASSEE

FILED

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this eighteenth day of July 2016.



A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal line.

Matthew Dunlap
Secretary of State

LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF AMENDMENT
(for a Maine LLC)

MAINE ASSET MANAGEMENT, LLC
(Name of Limited Liability Company)

Filing Fee \$50.00

File No. 20102408DC Pages 3
Fee Paid \$ 50
DCN 2160781400007 LNME
FILED
02/29/2016


Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §1532, the undersigned limited liability company executes and delivers for filing this certificate of amendment:

FIRST: The name of the limited liability company has been changed to (if no change, so indicate)

ALTERITY FINANCIAL GROUP, LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "L3C" - see 31 MRSA 1532)

SECOND: The date of filing of the initial certificate of formation: 03/19/2010

(date)

THIRD: Designation as a low-profit LLC (Check only if applicable):

☐ This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:

- A. The company intends to qualify as a low-profit limited liability company;
- B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
- C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
- D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

Form No. MLCC-9 (of 3)

FOURTH: Designation as a professional limited liability company (Check only if applicable)

☐ This is a professional limited liability company* formed pursuant to 15 MRSA Chapter 22-A to provide the following professional services:

(type of professional services)

FIFTH: Complete only if there is a change to the registered agent information.

The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: _____

(Name of commercial registered agent)

☐ Noncommercial Registered Agent

(Name of noncommercial registered agent)

(physical location, not P.O. Box -- street, city, state and zip code)

(mailing address if different from above)


SIXTH: Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other changes this certificate of amendment makes to the certificate of formation as most recently amended or restated are set forth in Exhibit ____ attached and made a part hereof.

Form No. MLLC-9 (2 of 3) 7/1/2011

**Authorized person(s)

Dated FEBRUARY 23, 2016


(Signature)
Dudley B. Gray
(Signature)

CGC, LLC, Sole Member
BY: JEFFREY CHAPMAN, Member
(Type or print name and capacity)
Dudley B. Gray, Member
(Type or print name and capacity)

*Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list - see 13 MRSA §723.7)

**Pursuant to 31 MRSA §1676.1, this Certificate of Amendment MUST be signed by a person authorized by the limited liability company.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:
Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Form No. MLLC-9 (3 of 3) 7/1/2011