## M16000000 644

(Re	questor's Name)			
(Ad	(Address)			
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(Au	uless)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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J. HARRIE

### **COVER LETTER**

_	istration Section ision of Corporations		
SUBJECT:	ANCORA FINANCIAL LLC		
SOBJECT.		n Limited Liability Comp	pany
Dear Sir or	Madam:		
The enclose	d application, certificate and fee(s)	are submitted for filing.	
Please return	n all correspondence concerning thi	s matter to the following:	
BRENT T	YCKSEN		
	Name of Person		
AFORTUS	S, LLC		
	Firm/Company		
10808 S F	RIVER FRONT PARKWAY SUI	TE 3078	
	Address		
SOUTH J	ORDAN, UTAH 84738		
<u> </u>	City/State and Zip Code	<u> </u>	
licensing@	ancorafinancial.com		
E-mail ad	dress: (to be used for future annual	report notification)	
For further i	nformation concerning this matter,	please call:	
BRENT T	-	877 756-05	550
	Name of Person		ne Telephone Number
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations con Building I Executive Center Circle ahassee, Florida 32301	Registr Divisio P.O. Bo	ing ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is \$25 Filin	a check for the following amount g Fee \$\sum \$30 Filing Fee &\sum Certificate of Status	:   \$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status of Certified Copy

1.5



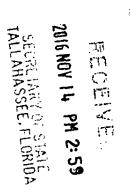
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

BRENT TYCKSEN 10808 S RIVER FRONT PARKWAY SUITE 3078 SOUTH JORDAN, UT 84738

SUBJECT: ANCORA FINANCIAL LLC

Ref. Number: M16000000694



We have received your document for ANCORA FINANCIAL LLC and your check(s) totaling \$25.00. 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00022381

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### 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)

Name of limited liability Company as it appears on the records of the Florida Department of
ANCORA FINANCIAL LLC State:
nter new principal office address, if applicable:
Principal office address UST BE A STREET ADDRESS)
nter new mailing address, if applicable:  At BE A POST OFFICE BOX
M1600000694
The Florida document number of this limited liability company is:
Jurisdiction of its organization:  01/26/2016  Date authorized to do business in Florida:
New name of the limited liability company:  (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a py of the written consent of the managers or managing members adopting the alternate name. The alternate name ust contain "Limited Liability Company," "L.L.C." or "LLC.")
If amending the registered agent and/or registered officer address on our records, enter the name of the new gistered agent and/or the new registered office address here:
ame of New Registered Agent:
w Registered Office Address:
Enter Florida Street Address
, Florida City Zip Code
ew Registered Agent's Signature, if changing Registered Agent: see Registered Agent's Signature, if changing Registered Agent: see Provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this becament is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ability company has been notified in writing of this change.

Title/ Capacity	<u>Name</u>	Address	Type of Acti
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			Remo
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aforementioned am	icate, if required: no more than 90 date of the second ment (s), duly authenticated by the law of which this entity is organized.	e official having custody of records in the	<b>65</b>
	Signature of the	authorized representative	 #-

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AFORTUS, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.

5893968 8300 SR# 20165701826

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffray W. Butlock, Secretary of State

Authentication: 202999711

Date: 09-15-16

State of Delaware Secretary of State Division of Corporations Delivered 01:10 PM 07/26/2016 FILED 01:10 PM 07/26/2016 SR 20165075648 - Flie Number. 5893968

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

a. Ola al a. and ta
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ersigned have executed this Certificate of
Mly A.D. 2016
( Card Second