

M/16000005862

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

* Resubmission *
originally sent on
11/9. Can I
please have
that date.

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
CORAMERICA LOAN COMPANY, LLC

* We never
received the
first notice *

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

AL

2018 NOV 20 PM 2:10

850-617-6381

11/20/2018 12:57:04 PM PAGE 1/001 Fax Server



November 20, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORAMERICA LOAN COMPANY, LLC
1960 E. GRAND AVE., SUITE 240
EL SEGUNDO, CA 90245

SUBJECT: CORAMERICA LOAN COMPANY, LLC
REF: M1600005862

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H18000323930
Letter Number: 418A00023839

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAMERICA LOAN 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:

Sharon K. Gray
Name of Person

Triad Professional Services
Firm/Company

1720 Windward Concourse, Ste. 390
Address

Alpharetta, GA 30005
City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
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 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CorAmerica Loan Company, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M16000005862

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/21/2016

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

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

6. 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.")

7. 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:

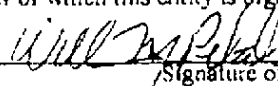
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity:</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SM	CorAmerica Capital, LLC	1960 E. Grand Ave., Ste. 240	<input type="checkbox"/> Add
		El Segundo, CA 90245	<input checked="" type="checkbox"/> Remove
SM	Nassau CorAmerica LLC	1960 E. Grand Ave., Ste. 240	<input checked="" type="checkbox"/> Add
		El Segundo, CA 90245	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SECRETARY OF STATE
 FLORIDA

LED

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

William M. Petak

Typed or printed name of signee

Filing Fee: \$25.00

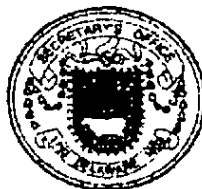
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CORAMERICA LOAN COMPANY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NASSAU CORAMERICA LOAN COMPANY LLC" ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2018, AT 10:22 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NASSAU CORAMERICA LOAN COMPANY LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2010.



A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

4798554 8320
SR# 20187739268

Authentication: 203939866
Date: 11-20-18

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