

M17000007962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

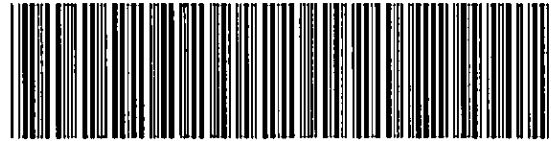
(Document Number)

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

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08/15/19--01033--000 \*\*265.00

2019 SEP -3 AM 8:58  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2019

KPPB LAW / MAITA LOPEZ  
ONE LAKESIDE COMMONS, STE. 800  
990 HAMMOND DR. NE  
ATLANTA, GA 30328

SUBJECT: CCF PARTNERS LLC  
Ref. Number: M17000007962

We have received your document for CCF PARTNERS LLC and your check(s) totaling \$265.00. 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: 719A00017413

2019 SEP -3 PM 14:32

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CCF PARTNERS 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:

**MAITA LOPEZ**

Name of Person

**KPPB LAW**

Firm/Company

**990 HAMMOND DR NE, STE 800**

Address

**ATLANTA, GA 30328**

City/State and Zip Code

**tfleenor@mitchcox.com**

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

For further information concerning this matter, please call:

**MAITA LOPEZ**

Name of Person

at ( **770** ) **624-4639**

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: CCF PARTNERS 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)

2. The Florida document number of this limited liability company is: M17000007962

3. Jurisdiction of its organization: TENNESSEE

4. Date authorized to do business in Florida: 09/18/2017

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

5. New name of the limited liability company: CCF Partners Lakeland, 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: 4335 Williamstown Blvd

Enter Florida Street Address

Lakeland

City

Florida 33810

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:

Delaware

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>
<u>MBR</u>	<u>Fleenor, Tracy</u>	<u>P.O. BOX 3891</u>	<input type="checkbox"/> Add
		<u>JOHNSON CITY, TN 37602</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>COX, PHILIP</u>	<u>P.O. BOX 3891</u>	<input type="checkbox"/> Add
		<u>JOHNSON CITY, TN 37602</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>COX, JM, JR</u>	<u>P.O. BOX 3891</u>	<input type="checkbox"/> Add
		<u>JOHNSON CITY, TN 37602</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>HMS Fund I, LLC</u>	<u>2304 Silverdale Dr, Ste 200</u>	<input checked="" type="checkbox"/> Add
		<u>Johnson City, TN 37601</u>	<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

Philip Cox, the Manager of HMS Fund I, LLC, a Member

Typed or printed name of signee

Filing Fee: \$25.00

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CCF PARTNERS LAKELAND, 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 THIRD DAY OF JULY, A.D. 2019.



7499962 8300


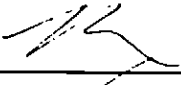
SR# 20195802108

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 203157699

Date: 07-03-19

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>State of Tennessee</b>  <b>Department of State</b>          Corporate Filings          312 Rosa L. Parks Ave.          6<sup>th</sup> Floor, William R. Snodgrass Tower          Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p><b>CERTIFICATE OF CONVERSION</b>  <b>(LLC into another Business Entity)</b></p> </div> </div>	<i>For Office Use Only</i>
Pursuant to the provisions of §48-249-704 of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company submits this certificate of conversion:	
1. The current name of the of the domestic limited liability company (hereinafter referred to as the domestic LLC) is: <u>CCF Partners LLC</u>  If different, the name of the domestic LLC under which its articles of organization were originally filed is: _____	
2. The date of filing of the original articles of organization of the domestic LLC was: <u>08/08/2017</u> (month/day/year).	
3. The name of the other business entity into which the domestic LLC is to be converted is <u>CCF Partners Lakeland, LLC</u> , its jurisdiction of formation is <u>Delaware</u> , and its business type is a <u>limited liability company</u> .	
4. All required approvals of the conversion have been obtained by the domestic limited liability company.	
5. If the conversion is not to be effective upon the filing of the certificate of conversion, then the future effective date or time of the conversion is: Date: _____, Time: _____	
6. The following box must be checked and the mailing address provided if the domestic LLC is converting to a foreign entity:  <input checked="" type="checkbox"/> The foreign entity agrees that it may be served with process in this State in any proceeding for the enforcement of any obligation of the domestic LLC arising prior to the date of the conversion, irrevocably appointing the Secretary of State as its agent to accept service of process in any such proceeding. The address (including zip code) to which a copy of such process shall be mailed to it by the Secretary of State is: _____	
<u>08/13/2019</u> Signature date	 Signature
<u>Manager of HMS Fund I, LLC, the Managing Member</u> Signer's capacity	<u>Philip Cox</u> Name (typed or printed)
<div style="display: flex; justify-content: space-between;"> <span>SS-4269 (Rev. 06/07)</span> <span>Filing Fee \$20</span> <span>RDA 2458</span> </div>	