

M170000 10651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

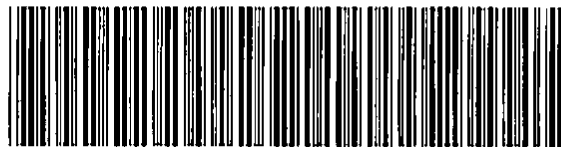
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/01/19--01024--016 **25.00

FILED
2019 JUL 26 PM 2:20
JUL 26 2019

Y SULKER

JUL 31 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2019

SOLSTICE CLOSING SOLUTIONS, LLC
14748 PIPELINE AVENUE SUITE A
CHINO HILL, CA 91709

SUBJECT: SOLSTICE CLOSING SOLUTIONS, LLC
Ref. Number: M17000010651

We have received your document for SOLSTICE CLOSING SOLUTIONS, 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):

We need certify copy of the name change amendment from Delaware

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 019A00014008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apex Closing Services, LLC f/k/a Solstice Closing Solutions, 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:

Monica Schroeder

Name of Person

Apex Closing Services, LLC

Firm/Company

14748 Pipeline Avenue, Suite A

Address

Chino Hill, CA 91709

City/State and Zip Code

monica@afncorp.com

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

For further information concerning this matter, please call:

Monica Schroeder

Name of Person

at (909) 287-7172

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: Solstice Closing Solutions, LLC

Enter new principal office address, if applicable:

14748 Pipeline Avenue, Suite A

Chino Hills, CA 91709

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

14748 Pipeline Avenue, Suite A

Chino Hills, CA 91709

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000010651

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/15/2017

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

5. New name of the limited liability company: Apex Closing Services, 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

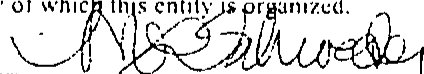
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

See Below

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>John Hamel</u>	<u>495 E Rincon St, #207</u>	<input type="checkbox"/> Add
		<u>Corona, CA 92879</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Michele Baldwin</u>	<u>495 E Rincon St, #207</u>	<input type="checkbox"/> Add
		<u>Corona, CA 92879</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Monica Schroeder</u>	<u>14748 Pipeline Ave, Suite A</u>	<input checked="" type="checkbox"/> Add
		<u>Chino Hills, CA 91709</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<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

Monica Schroeder

Typed or printed name of signer

Filing Fee: \$25.00

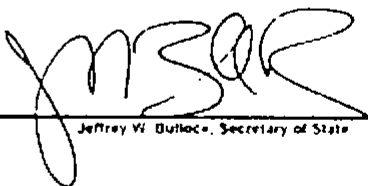
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SOLSTICE CLOSING SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "APEX CLOSING SERVICES, LLC" ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2019, AT 12:23 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6427524 8320
SR# 20194187790

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

Authentication: 202862382
Date: 05-20-19