

1/13/2020

**N190000001518**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003653  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*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  
REX HOME LOANS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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JAN 14 2020

# **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: REX Home Loans, LLC

Enter new principal office address, if applicable: 236 South Washington Street

(Principal office address

MUST BE A STREET ADDRESS)

Suite 202

Naperville, IL 60540

Enter new mailing address, if applicable: 236 South Washington Street

(Mailing address

MAY BE A POST OFFICE BOX)

Suite 202

Naperville, IL 60540

2. The Florida document number of this limited liability company is: M19000001518

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/12/2019

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

5. New name of the limited liability company: \_\_\_\_\_

(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

City

Florida

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

2020 JAN 13 PM 12:27

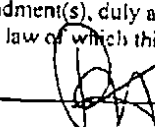
FILED

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>
MGDR	Douglas Sheridan	21550 Oxnard St Suite 100	<input type="checkbox"/> Add
		Woodland Hills, CA 91367	<input checked="" type="checkbox"/> Remove
MGDR	Daniel Cutais	236 S Washington St Suite 202	<input checked="" type="checkbox"/> Add
		Naperville, IL 60540	<input type="checkbox"/> Remove
CEO	Lynley Sides	21550 Oxnard St Suite 100	<input checked="" type="checkbox"/> Add
		Woodland Hills, CA 91367	<input type="checkbox"/> Remove
MBR	Lynley Sides	21550 Oxnard St Suite 100	<input type="checkbox"/> Add
		Woodland Hills, CA 91367	<input checked="" type="checkbox"/> Remove
MBR	REX - Real Estate Exchange, Inc.	21550 Oxnard St Suite 100	<input checked="" type="checkbox"/> Add
		Woodland Hills, CA 91367	<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

Daniel Cutais

Typed or printed name of signee

Filing Fee: \$25.00