

7/21/23, 11:36 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M21000006088

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000255044 3)))



H230002550443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nick.kosmas@vergelosolutions.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONELOAN DIRECT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 JUL 21 PM 1:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 21 PM 4:17

**APPROVED
AND
FILED**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H123000255044 3

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: ONELOAN DIRECT, 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: M121000006088

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 5/18/2021

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 office address on our records, enter the name of the 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

2023 JUL 21 PM 4:17
APPROVED AND FILED
SECRETARY OF STATE
TAMM HASSLER, FLOMIR

H23000255044 3

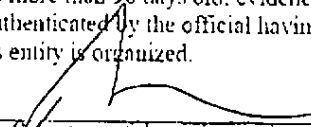
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WRINN, JOHN	3500 Boston Street, Suite 413	<input type="checkbox"/> Add
		BALTIMORE, MD 21224	<input checked="" type="checkbox"/> Remove
MGR	GORDON, TOMAS	3500 Boston Street, Suite 413	<input type="checkbox"/> Add
		BALTIMORE, MD 21224	<input checked="" type="checkbox"/> Remove
AMBR	COA New Holdings, LLC	3500 Boston Street, Suite 413	<input checked="" type="checkbox"/> Add
		Baltimore, Maryland 21224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

John Wrinn

Typed or printed name of signee

Filing Fee: \$25.00

H23000255044 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONELOAN DIRECT, 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 FOURTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

7399379 8300

SR# 20232997815

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

Authentication: 203748168

Date: 07-14-23