

7/21/23, 11:27 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M22 00001803

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.

(((H23000255029 3)))



H230002550293ABC

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: nkosmas@clearoneadvantage.com

**I.L.C AMND/RESTATE/CORRECT OR M/MG RESIGN
 ONELOAN DIRECT I.H.C, LLC**

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

2023 JUL 21 PM 5:28

2023 JUL 21 PM 4:10
 SECRETARY OF STATE
 MASSACHUSETTS
 APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H2J000255029 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 LIIC, 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: M122000001803

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 2/3/2022

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 21 PM 4:10

APPROVED
AND
FILED

H23000255029.3

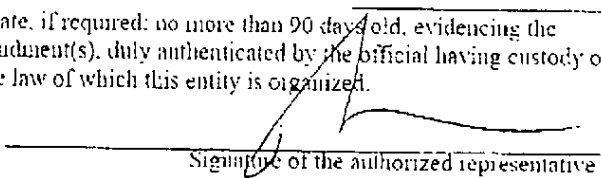
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

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

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

H23000255029.3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A MARYLAND LIMITED LIABILITY COMPANY "ONELOAN DIRECT LHC, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "ONELOAN DIRECT LHC, LLC", WAS FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2023, AT 11:06 O'CLOCK A.M.



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

7399392 8317F
 SR# 20232997805

Authentication: 203748160
 Date: 07-14-23

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

Delaware

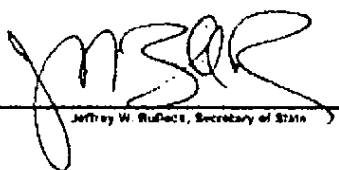
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONELOAN DIRECT LHC, 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

7399392 8300

SR# 20232997794

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

Authentication: 203748153

Date: 07-14-23