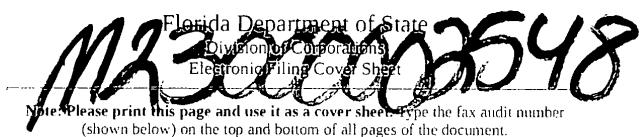
8/3/23, 4:30 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 THE PRACTICAL MORTGAGE SOLUTION LLC

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

Electronic Filing Menu Corporate Filing Menu

AUG - 8 2023

## 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)

State: THE PRACTICAL MORTGAGE SOLUTION	N LLC	
Enter new principal office address, if applicable:	1974 Carolina place drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 240-A	
	Fort Mill SC 29708	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M23000002548	
3. Jurisdiction of its organization: South Card		<del> </del>
4. Date authorized to do business in Florida: 02 2	7 2023	
SECTION II (5-9 complete only the applicable	, -	282
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.,	" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate name. The	and attach a alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, <u>enter the name</u> address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Clarit Commentation	
	Enter Florida Street Address	
	, Florida City: Z.	ip Code
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further agree and complete performance of my duties, and I an tered agent as provided for in Chapter 605, F.S. C in the registered office address, I hereby confirm	r familiar with . Dr. if this

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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	□Remov
jurisdiction under the law of which this entity is organized.	
Signature of the authorized representative	

Filing Fee: \$25.00