

6/16/23, 1:27 PM

Division of Corporations

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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 : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

RECEIVED

2023 JUN 16 PM 12:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PATRIOT MORTGAGE COMPANY, LLC

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

2023 JUN 16 AM 9:30

LLC

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Corporate Filing Menu

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JUN 16 2023
T. LEMIEUX

**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: PATRIOT MORTGAGE COMPANY, LLC

Enter new principal office address, if applicable: 1380 Trifecta Way

(Principal office address

MUST BE A STREET ADDRESS)

Westfield IN 46074

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1380 Trifecta Way

Westfield IN 46074

2. The Florida document number of this limited liability company is: M23000005646

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 05 01 2023

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: Registered Agents Inc

New Registered Office Address: 7901 4th St N STE 300

Enter Florida Street Address

St. Petersburg

Florida 33702

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Jason Warner	7901 4th St N STE 300	<input type="checkbox"/> Add
		St. Petersburg FL 33702	<input checked="" type="checkbox"/> Remove
Member	Robert Gruesbeck	7901 4th St N STE 300	<input type="checkbox"/> Add
		St. Petersburg FL 33702	<input checked="" type="checkbox"/> Remove
Member	Jason Warner	1380 Trifecta Lane	<input checked="" type="checkbox"/> Add
		Westfield, Indiana 46074	<input type="checkbox"/> Remove
Member	Robert Gruesbeck	11727 Toles Highway	<input checked="" type="checkbox"/> Add
		Eaton Rapids, MI 48827	<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.

Robin Jones
Signature of the authorized representative

Robin Jones

Typed or printed name of signee

Filing Fee: \$25.00