M23000010017

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CONVIEW F
J2N I 1 2124

Office Use Only



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11/15/28-+01044--025 **25.00



COVER LETTER

	_		Section Corporations				
SUBJEC	CT: Mo	ortga	ge Marketplace LLC				
			Name of Forei	gn Lin	nited Li	iability Cor	mpany
Dear Sir	or Mada	am:					
The encl	osed ap	plic	ation, certificate and fee(s) are s	ubmitte	d for filing	<u>g</u> .
Please re	turn all	сог	respondence concerning th	his ma	tter to t	he followir	ng:
Mike Gill	lett						
			Name of Person				
Mortgage	Marketp	olace	LLC				
_			Firm/Company				
3723 Fair	rview Ind	lustr	ial Dr SE, Suite 190				
			Address				
Salem. O	R 97302						
			City/State and Zip Coo	de			
mike.gille	ett@mort	tgag	emarketplace.biz				
E-mai	l addres	s: (to be used for future annua	al repo	rt notif	ication)	
For furth	ner infor	ma	tion concerning this matter	r, plea:	se call:		
Mike Gil	lett			at (503	510-8	780
	}	Nan	ne of Person		\rea Co	ode & Dayt	time Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
 ≡\$ 25 F			a check for the following ☐ \$30 Filing Fee & Certificate of Status	<u> </u>	S55 Fili	ng Fee & d Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy
							Certified Copy

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: Mortgage Marketplace LLC	
Enter new principal office address, if applicable:	
MUST BE A STREET ADDRESS)	
(Mailing address	- ;
2. The Florida document number of this limited liability company is: M2	3000010017
3. Jurisdiction of its organization: Oregon 4. Date authorized to do business in Florida: SECTION 11 (5-9 complete only the applicable changes)	
4. Date authorized to do business in Florida: 07/26/2023	ين ين
SECTION II (5-9 complete only the applicable changes)	
New name of the limited liability company: (must contain "Limited Lia)	bility Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of tracopy of the written consent of the managers or managing members adopt must contain "Limited Liability Company," "L.L.C." or "LLC.")	nsacting business in Florida and attach a ing the alternate name. The alternate name
6. If amending the registered agent and/or registered officer address on o registered agent and/or the new registered office address here:	ur records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	er Florida Street Address
<i>5.</i>	Clarida
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 the provisions of all statutes relative to the proper and complete perform and accept the obligations of my position as registered agent as provided document is being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.	ance of my duties, and I am familiar with I for in Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

		or capacity in accordance with 605.0902 (1)(e), indicate that chartengage Marketplace LLC. Tasha Brandon has withdrawn.		
tle/ Capacity	Name	<u>Address</u> <u>Ty</u>	Type of Action	
16L 	Michael Gillett	3723 Fairview Industrial Dr SE, Suite 190	_ □Add	
		Salem. OR 97302	_ □Rem	
/ithdrew	Tasha Brandon	3723 Fairview Industrial Dr SE, Suite 190	_ ⊡Add	
		Salem. OR 97302	_ ■Rem	
NGR —	Jeremy Adams	3723 Fairview Industrial Dr SE, Suite 190	_ ≣Ado	
		Salem, OR 97302	_ □Rem	
KGR	Stacy Martinez	3723 Fairview Industrial Dr SE. Suite 190	_ ≣Ado	
		Salem, OR 97302	_ □Rem	
			_ □Add	
aforemention		o more than 90 days old, evidencing the athenticated by the official having custody of records in the sentity is organized.	_ □Rem	
		Signature of the authorized representative		
	Michael Gillett	Signature of the authorized representative		

Filing Fee: \$25.00