M24000001160

(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:

Office Use Only



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01/28/25--01016--017 **25.00

2025 JAY 28 PH 5: 11

COVER LETTER

то:			Section Corporations						
SUBJE	ECT:	MAGN	OLIA MORTGAGE COMPA						
		Name of Foreign Limited Liability Company							
Dear S	ir or N	/Iadam:							
The en	closed	lapplica	ation, certificate and fee(s	s) are	submitted:	for filing.			
Please	return	all con	respondence concerning t	his n	natter to the	followin	g:		
TAMM	Y ROI	LLER							
			Name of Person			-			
MAGN	OLIA	MORTG	AGE COMPANY, LLC						
			Firm/Company		_	_			
1550 S.	UNIV	ERSITY	BLVD.			_			
			Address			-			
MOBIL	.E, AL	36609							
			City/State and Zip Co	de		-			
tammy(@magr	ntg.com							
E-m	ail ad	dress: (t	o be used for future annu	al re	port notifica	ition)			
For fur	ther in	nformat	ion concerning this matte	r, ple	case call:				
Tammy	[,] Roller	r		at	(_)	25		
		Nam	e of Person		Area Code	& Dayti	me Telephone Number		
	Regi Divi P.O.	sion of Box 63	Section Corporations			Division The Cer 2415 N	address: Ontion Section On of Corporations Ontrology Ont		
⊠\$ 25 CR2E05	Filing	g Fee	a check for the followin ☐ \$30 Filing Fee & Certificate of Status		iount: \$55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & 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)

	: <u>N/A</u>					
Principal office address		<u></u>				
AUST BE A STREET ADDRESS)		202				
	N/A	2025 JAN 28				
Inter new mailing address, if applicable: Mailing address	<u> </u>					
IAY BE A POST OFFICE BOX)						
		্ৰ আ				
. The Florida document number of this limited	liability company is: M24000001	160 ; —				
. Jurisdiction of its organization: MS						
. Date authorized to do business in Florida: 1/0						
ECTION II (5-9 complete only the applicable	-					
. New name of the limited liability company: (m	ust contain "Limited Liability Co	mpany, ""L.L.C.," or "LLC."				
If name unavailable, enter alternate name adopt opy of the written consent of the managers or noust contain "Limited Liability Company," "L.I.	nanaging members adopting the a					
. If amending the registered agent and/or registegistered agent and/or the new registered office	ered officer address on our record address here:	ls, enter the name of the new				
Name of New Registered Agent: N/A						
New Registered Office Address: N/A						
	Enter Florida Street Address					
		, Florida Zip Code				
	City	7in Code				
_						

If Changing Registered Agent, Signature of New Registered Agent

R. If the amer	• .	city in accordance with 605.0902 (1)(e), indicate that	: change:
Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES T. WILKES	1550 S. UNIVERSITY BLVD.	□Add
		MOBILE, AL 36609	≣Remo
ИBR	JAMES T. WILKES	1550 S. UNIVERSITY BLVD.	□Add
		MOBILE, AL 36609	■Remo
AP	MELISSA BUTLER	1550 S. UNIVERSITY BLVD.	□Add
		MOBILE, AL 36609	≅Remo
MBR	MELISSA BUTLER	1550 S. UNIVERSITY BLVD.	= Add
		MOBILE, AL 36609	□Remo
MGR	MELISSA BUTLER	1550 S. UNIVERSITY BLVD.	■Add
		MOBILE, AL 36609	□Remo
aforement	n under the law of which this entity	cated by the official having custody of records in th	e

Filing Fee: \$25.00