

M240000057165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

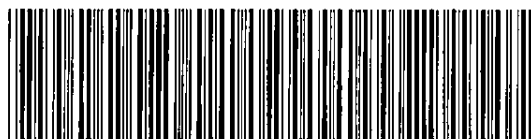
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
AUG 27 2024

Office Use Only



800434628968

08/12/24--01092--004 **25.00

FILED
2024 AUG 12 AM 11:38
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SELECT LENDING SERVICES LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janel Perez

Name of Person

Select Lending Services LLC

Firm/Company

3160 Crow Canyon Rd Ste 400

Address

San Ramon, CA 94583

City/State and Zip Code

licensing@selectlendingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janel Perez

at (725) 213-6054

Name of Person

Area Code & Daytime 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SELECT LENDING SERVICES LLC

Enter new principal office address, if applicable:

310 N State St

(Principal office address

Ste 102

MUST BE A STREET ADDRESS)

Lake Oswego, OR 97034

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: M24000005765

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 04/16/2024

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.

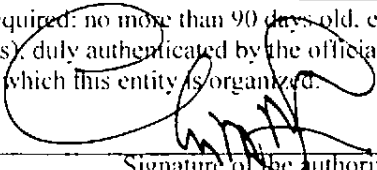
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
_____	_____	_____	<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

Christopher M. George

Typed or printed name of signee

Filing Fee: \$25.00

INFORMATION CHANGE



Corporation Division
sos.oregon.gov/business

E-FILED
Jul 25, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

170149992

REGISTRATION DATE

08/13/2020

BUSINESS NAME

SELECT LENDING SERVICES LLC

BUSINESS ACTIVITY

MORTGAGE LENDING/BROKERING

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION

OREGON

MAILING ADDRESS

3160 CROW CANYON RD
STE 400
SAN RAMON CA 94583 USA

PRIMARY PLACE OF BUSINESS

310 N STATE ST STE 102
LAKE OSWEGO OR 97034 USA

REGISTERED AGENT

75788399 - REGISTERED AGENTS INC
2355 STATE ST STE 101
SALEM OR 97301 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

CMG FINANCIAL SERVICES, INC.
3160 CROW CANYON RD
STE 400
SAN RAMON CA 94583 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

NICOLE MEYERINK

TITLE

AUTHORIZED AGENT

DATE

07-25-2024