

P 150000 225 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2017

HARRY TAPIAS
LOIGICA P.A.
1111 BRICKELL AVE SUITE 175
MIAMI, FL 33131

SUBJECT: MULTIFAMILY.LOANS, INC.
Ref. Number: P15000022599

We have received your document for MULTIFAMILY.LOANS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 517A00024152

RECEIVED
17 DEC 26 PM 12:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Multifamily Loans, Inc.
Name of Corporation

DOCUMENT NUMBER: P15000022599

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRY TAPIAS
Name of Contact Person

Loigica P.A.
Firm/Company

1111 Brickell Ave #125
Address

Miami, FL 33131
City/State and Zip Code

Harry.Tapias@Loigica.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Tanover at (561) 703-3614
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Multi Family Loans, Inc.
2. The principal office address: 350 Lincoln Road, 2nd Floor
Miami Beach, Florida 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/09/2015 Document number: P15000022599

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sanover, Blake
350 Lincoln Road, 2nd Floor
Miami Beach, FL, 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Loigica, P.A, 1111 Brickell Ave #125
Miam, FL 33131

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Blake Sanover, P
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12/22/15
Date

If signing on behalf of an entity:

HARTLY TAPIAS
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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17 DEC 26 AM 8:41
DIVISION OF STATE
TALLAHASSEE, FLORIDA