Name Approved by DFI Non-Depository Division Juliuan



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mmoore AMD

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/23/2023 8:32 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40 (502) 564-3490 www.sos.ky.gov	602	Amended Certificate of A (Foreign Business Entity)	uthority	FCA
Pursuant to the authority on be	e provisions of KR half of the entity n	S Chapter KRS 14A.9 - 040 the u amed below and, for that purpose, s	ndersigned hereby applies submits the following state	for an amended certificate of ments:
1. The busines		profit corporation professional service corporation limited liability company professional limited liability compar limited cooperative association other	busines limited p statutor non-pro	partnership y trust fit LLC
2. The name o	f the company is: _	LENOX FINANCIAL MORTG	AGE CORPORATION	·
3 It is an entity	organized and ev	(The name must be identical to the risting under the laws of the state or		cretary of State.)
		transact business in Kentucky on		*
	as changed its (che			•
o. mo chay n	_)		
	Name to be used in Kentucky to SAGE HOME LOANS CORPORATION			
	Jurisdiction of organization to			
	Period of duration			
	Form of organization			
	Management type:			
6. This applica	tion will be effectiv	e upon filing.		
I declare unde	r penalty of periury	under the laws of the state of Kent	ucky that the foregoing is t	rue and correct.
Jal.	11/	Wesley C. Hoaglund	President	6/21/23
Signature of April	norized Reprosentativ	Printed Name	Title	Date