

FOREIGN REGISTRATION AMENDMENT

ENTITY INFORMATION

ENTITY NAME: CONSTRUCTION LOAN SERVICES II, LLC
ENTITY ID: 23196506
ENTITY TYPE: Foreign LLC
TRUE NAME IN FOREIGN DOMICILE: CONSTRUCTION LOAN SERVICES II, LLC
FOREIGN DOMICILE STATE: WA
DATE OF FORMATION IN FOREIGN DOMICILE: 12/03/2018
CHARACTER OF BUSINESS: Other - Construction Financing
MANAGEMENT STRUCTURE: Manager-Managed
DESIGNATING FOREIGN COMPANY NAME: N/A
DESIGNATING FOREIGN COMPANY DOMICILE: N/A
DESIGNATING FOREIGN COMPANY DATE OF FORMATION IN FOREIGN DOMICILE: N/A

NEW NAME

No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: InCorp Services, Inc.
PHYSICAL ADDRESS: Attn: InCorp Services, Inc., 8825 N 23rd Ave Ste 100, PHOENIX, AZ 85021
MAILING ADDRESS: Attn: InCorp Services, Inc., 8825 N 23rd Ave Ste 100, PHOENIX, AZ 85021

PRINCIPAL ADDRESS

Att: Legal, 1019 39th Ave SE, Suite 220, PUYALLUP, WA 98374

PRINCIPAL OFFICE OR STATUTORY AGENT ADDRESS IN JURISDICTION

DOES THE LAW OF YOUR JURISDICTION OF FORMATION REQUIRE YOU TO MAINTAIN AN OFFICE IN THAT JURISDICTION? NO

PRINCIPAL OFFICE ADDRESS: N/A

STATUTORY AGENT INFORMATION:

STATUTORY AGENT NAME: InCorp Services, Inc.
PHYSICAL ADDRESS: 4505 Pacific Highway E, Suite C-2, FIFE, WA 98424
MAILING ADDRESS: 4505 Pacific Highway E, Suite C-2,

FIFE, WA 98424

PRINCIPAL INFORMATION

Member and Manager: HAT Finance LLC - 1019 39th Ave SE, Suite 220, PUYALLUP, WA, 98374, USA -
audra.heins@builders-capital.com - Date of Taking Office:

SIGNATURE

Authorized Agent: Audra Heins - 03/12/2024

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT TO FOREIGN REGISTRATION STATEMENT

Read the Instructions [L017i](#)

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
Construction Loan Services II, LLC
-

CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

2. **LLC NAME CHANGE – NAME IN STATE OR COUNTRY OF FORMATION** (Foreign Name)
– type or print the exact NEW name:
-

3. **LLC NAME CHANGE – NAME USED IN ARIZONA** (Entity Name) – type or print the exact NEW name. NOTE: If you are a Foreign Series LLC, the new name must have "series" in it:
-

4. **ENTITY TYPE CHANGE** – check one and follow instructions:
NOTE: you may not change to or from a Foreign Series LLC.
- Changing to a PROFESSIONAL LLC – number 6 must also be completed.
- Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

5. **PROFESSIONAL SERVICES CHANGE** – list the NEW type of professional services the professional LLC will render:
-

6. **FOREIGN DOMICILE CHANGE** – list the NEW domicile state or country:
-

7. **PURPOSE / CHARACTER OF BUSINESS CHANGE** – state the NEW purpose or character of business:
-
8. **MEMBERS CHANGE (CHANGE IN MEMBERS)** – *see Instructions L017i* – if a change is being made with respect to one or more members, complete and attach the [Amendment Attachment for Members](#) form L044. *The filing will be rejected if it is submitted without the attachment.*
9. **MANAGERS CHANGE (CHANGE IN MANAGERS)** – *see Instructions L017i* – if a change is being made with respect to one or more managers, complete and attach the [Amendment Attachment for Managers](#) form L043. *The filing will be rejected if it is submitted without the attachment.*
10. **MANAGEMENT STRUCTURE CHANGE** – *see Instructions L017i* – check only one box below and follow instructions (all persons will be listed on the appropriate attachment form):
- CHANGING TO *MANAGER-MANAGED* LLC – complete and attach the [Manager Structure Attachment](#) form L040. *The filing will be rejected if it is submitted without the attachment.*
- CHANGING TO *MEMBER-MANAGED* LLC – complete and attach the [Member Structure Attachment](#) form L041. *The filing will be rejected if it is submitted without the attachment.*

11. <input checked="" type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – <i>see Instructions L017i</i> :					
11.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			11.2 REQUIRED - Mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box): <input checked="" type="checkbox"/> Check box if same as street address.		
InCorp Services, Inc. Statutory Agent Name					
Attention (optional) 8825 N 23rd Ave, Ste 100 Address 1			Attention (optional)		
Address 2 (optional) City Phoenix State AZ Zip 85021			Address 2 (optional) City State Zip		
11.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment					

12. <input type="checkbox"/> STATUTORY AGENT CHANGE – ADDRESS OF EXISTING STATUTORY AGENT – complete 12.1 and 12.2:					
12.1 NEW <i>physical or street address</i> (not a P.O. Box) in Arizona of the existing statutory agent:			12.2 NEW <i>mailing address</i> in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) City State Zip			Address 2 (optional) City State Zip		

13. **PRINCIPAL ADDRESS CHANGE – list the NEW address:**

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

14. **JURISDICTION OF FORMATION INFORMATION:**

14.1 List the NEW Foreign LLC street address in jurisdiction of formation:

Legal		
Attention (optional)		
1019 39th Ave SE, Ste 220		
Address 1		
Address 2 (optional)		
Puyallup	WA	98374
City	State or Province	Zip
Country	UNITED STATES	

14.2 List the NEW statutory agent in the jurisdiction of formation and the statutory agent's NEW street and mailing addresses.

Statutory agent name: InCorp Services, Inc.

Street address in jurisdiction of formation:

Attention (optional)		
4505 Pacific Highway E, Ste C-2		
Address 1		
Address 2 (optional)		
Fife	WA	98424
City	State or Province	Zip
Country	UNITED STATES	

Mailing address in jurisdiction of formation:

Attention (optional)		
4505 Pacific Highway E, Ste C-2		
Address 1		
Address 2 (optional)	Fife	WA
		98424
City	State or Province	Zip
Country	UNITED STATES	

15. **AMENDMENT IN FOREIGN JURISDICTION** - if this amendment to the Foreign Registration Statement was due to an amendment or restatement of the LLC's Articles in the foreign domicile, you must attach a certified copy of that foreign amendment, and it must be dated not more than 60 days prior to its delivery to the Arizona Corporation Commission.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

 Audra Heins 03/12/2024
 Signature Printed Name Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am an individual authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.
Audra Heins, Authorized Agent	

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$25.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

AMENDMENT ATTACHMENT FOR MANAGERS

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

Construction Loan Services II, LLC

2. **Check one box only to indicate what document the Attachment goes with:**

Articles of Amendment Articles of Amendment to Foreign Registration Statement

3. **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person -**

To REMOVE a manager - list the name only of the manager being removed and check "Remove manager."
 To ADD a manager - list the name and address of the manager being added and check "Add as manager."
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
 To CHANGE NAME of existing manager - list the current name, then the NEW name, and check "Name change."
 If more space is needed, complete and attach the [Amendment Attachment for Managers](#).

Rob Trent			Curt Altig		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name 1019 39th Ave SE, Ste 220			NEW Name 1019 39th Ave SE, Ste 220		
Address 1			Address 1		
Address 2 (optional) Puyallup		WA	98374		
City		State or Province	Zip		
UNITED STATES					
Country			Country		
<input type="checkbox"/> Address change		<input type="checkbox"/> Add as manager			
<input type="checkbox"/> Name change		<input checked="" type="checkbox"/> Remove manager			
Robert Hadley					
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name 1019 39th Ave SE, Ste 220			NEW Name HAT Finance LLC		
Address 1			Address 1		
Address 2 (optional) Puyallup		WA	98374		
City		State or Province	Zip		
Country			Country		
<input type="checkbox"/> Address change		<input type="checkbox"/> Add as manager			
<input type="checkbox"/> Name change		<input checked="" type="checkbox"/> Remove manager			
NEW Name 1019 39th Ave SE, Ste 220			NEW Name 1019 39th Ave SE, Ste 220		
Address 1			Address 1		
Address 2 (optional) Puyallup		WA	98374		
City		State or Province	Zip		
UNITED STATES					
Country			Country		
<input type="checkbox"/> Address change		<input checked="" type="checkbox"/> Add as manager			
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove manager			

Secr
 State of Washington
 Date Filed: 12/03/2018
 Effective Date: 12/03/2018
 UBI No: 604 354 880

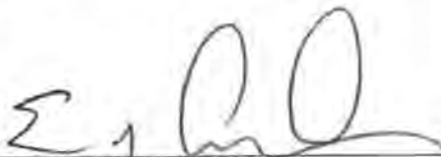
**CERTIFICATE OF FORMATION
 OF
 CONSTRUCTION LOAN SERVICES II, LLC**

This Certificate of Formation of Construction Loan Services II, LLC , a Washington limited liability company (the "LLC"), is being duly executed and filed by Eric S. Carlson as an authorized person, to form a limited liability company under the Washington Limited Liability Company Act (RCW 25.15, et. seq.).

- FIRST.** The name of the limited liability company formed hereby is Construction Loan Services II, LLC.
- SECOND.** The address of the registered office of the LLC in the State of Washington is 10900 N.E. 4th Street, Suite 1850, Bellevue Washington 98004. The name and address of the registered agent for service of process is PR Corp. Services, Inc., whose address is 10900 N.E. 4th Street, Suite 1850, Bellevue, WA 98004.
- THIRD.** The address of the principal place of business of the LLC is 5601 6th Avenue South, Suite 350, Seattle, WA 98108.
- FOURTH.** The existence of the LLC shall be perpetual.
- FIFTH.** The management of the LLC is vested in its manager(s).
- SIXTH.** This Certificate shall be effective upon filing with the Secretary of the State of Washington.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of December 3, 2018.

Authorized Person:


 Eric S. Carlson, Attorney

Address:

10900 N.E. 4th Street, Suite 1850
 Bellevue, WA 98004

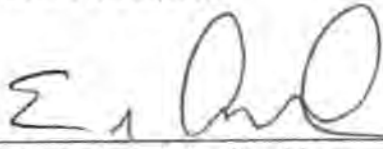
CONSENT TO SERVE AS REGISTERED AGENT

PR Corp. Services, Inc. does hereby consent to serve as Registered Agent in the State of Washington for the above named Construction Loan Services II, LLC, a Washington limited liability company. PR Corp. Services, Inc. understands that as agent for the limited liability company, it will be our responsibility to accept Service of Process on behalf of the limited liability company; to forward license renewals and other mail to the limited liability company; and to immediately notify the Secretary of State in the event of our resignation or of any changes in the Registered Office address.

Date: December 3, 2018.

PR CORP. SERVICES, INC.

By: _____


Eric S. Carlson, Vice President

Address: 10900 N.E. 4th Street, Suite 1850
Bellevue, WA 98004

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

MAR 04 2024

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 2 Steve R Hobbs



UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

CONSTRUCTION LOAN SERVICES II, LLC

a/an **WA LIMITED LIABILITY COMPANY**. Charter documents are effective on the date indicated below.

Effective Date:12/03/2018

UBI Number:604 354 880



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/04/2024



WASHINGTON
Secretary of State
 Corporations & Charities Division

Filed
 Secretary of State
 State of Washington
 Date Filed: 12/24/2023
 Effective Date: 12/24/2023
 UBI #: 604 354 880

Annual Report

BUSINESS INFORMATION

Business Name:

CONSTRUCTION LOAN SERVICES II, LLC

UBI Number:

604 354 880

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

1019 39TH AVE SE STE 220, PUYALLUP, WA, 98374-2116, UNITED STATES

Principal Office Mailing Address:

1019 39TH AVE SE STE 220, PUYALLUP, WA, 98374-2116, UNITED STATES

Expiration Date:

12/31/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

12/03/2018

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

PRIVATE LENDING FOR CONSTRUCTION PROJECTS

REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

Registered Agent Consent (Check One):

I am the Registered Agent. Use my Contact Information.

I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW [23.95.415](#) requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
INCORP SERVICES, INC.	4505 PACIFIC HWY E, SUITE C-2, FIFE, WA, 98424-2638, USA	4505 PACIFIC HWY E, SUITE C-2, FIFE, WA, 98424-2638, USA

PRINCIPAL OFFICE

Phone:

Email:

AUDRA.HEINS@BUILDERS-CAPITAL.COM

Street Address:

1019 39TH AVE SE STE 220, PUYALLUP, WA, 98374-2116, USA

Mailing Address:

1019 39TH AVE SE STE 220, PUYALLUP, WA, 98374-2116, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	HAT FINANCE LLC		

NATURE OF BUSINESS

- PRIVATE LENDING FOR CONSTRUCTION PROJECTS

EFFECTIVE DATE

Effective Date:

12/24/2023

CONTROLLING INTEREST

- Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- No
- In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?
- No
 - If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?
- No
- If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?
- No

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - No

EMAIL OPT-IN

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

AUDRA

Last Name:

HEINS

Title:

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the 50 record on file in this office.

MAR 04 2024

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 3 *Steve R Hobbs*



Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions [M002i](#)*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

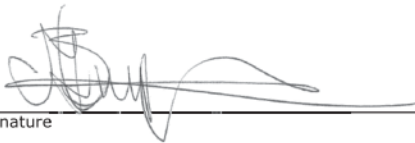
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

InCorp Services, Inc.

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Louise Breytenbach on behalf of InCorp Services, Inc.

Signature

Printed Name

Date

REQUIRED – check only one:

Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.

Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing)
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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