

8/28/23, 4:42 PM

F98 00000 5233

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230002989233))



H2300029892334BEC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

2023 AUG 28 AM 8:14
STATE DEPT OF STATE
TALLAHASSEE, FL
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2023 AUG 28 AM 8:38
HW 826074202

CORAMND/RESTATE/CORRECTORO/DRESIGN
POND & COMPANY CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION
 APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
 AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
 (Pursuant to s. 607.1504, F.S.)

SECTION I
 (1-3 MUST BE COMPLETED)

198000005233

(Document number of corporation (if known))

1 POND & COMPANY CORPORATION

(Name of corporation as it appears on the records of the Department of State)

2 GEORGIA

09/17/1993

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II
 (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

 (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

 (New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

 (Florida street address)

New Registered Office address: _____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

 Signature of New Registered Agent, if changing

FILED
 2023 AUG 28 AM 8:14
 SECRETARY OF STATE
 TALLAHASSEE FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Christopher Stanham	3500 PARKWAY LN, STE 500	Add
		PEACHTREE CORNERS, GA 30092	EX Remove
	Lorraine Green	3500 PARKWAY LN, STE 500	Add
		PEACHTREE CORNERS, GA 30092	EX Remove
President <i>and CEO</i>	Robert Williams	3500 PARKWAY LN, STE 500	Add
		PEACHTREE CORNERS, GA 30092	L Remove
Secretary <i>and CFO</i>	Hing Gao	3500 PARKWAY LN, STE 500	* Add
		PEACHTREE CORNERS, GA 30092	L Remove
Director	James McNabb	3500 PARKWAY LN, STE 500	* Add
		PEACHTREE CORNERS, GA 30092	L Remove

FILED
 2023 AUG 28 AM 8:14
 SECRETARY OF STATE
 TALLAHASSEE FL

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

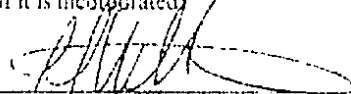
<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Stephen Harill	1200 Riverplace Blvd., Suite 600	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FL.

2023 AUG 28 AM 8:14

FILED

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



 (Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Robert Williams

 (Typed or printed name of person signing)

PRESIDENT

 (Title of person signing)

FILING FEE \$35.00