

L14000151542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

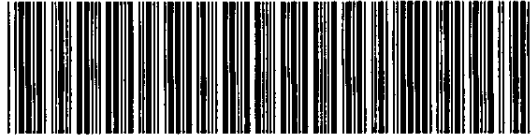
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2015 NOV 30 P 12:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015

S MASON

November 24, 2015

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

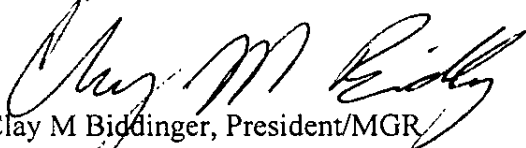
RE: Consent to use similar name in Florida – Bay4 Energy Services Employee, LLC

To whom it may concern:

I, Clay M Biddinger, Manager of Bay4 Energy Services, LLC do hereby give express consent to Clay M Biddinger, Manager of Bay4 Energy Services Employee, LLC fka Sun Financial Services, LLC for the filing of the document with the use of the name of Bay4 Energy Services Employee, LLC in Florida.

Thank you for your assistance with this matter.

Sincerely,


Clay M Biddinger, President/MGR
Bay4 Energy Services, LLC
Bay4 Energy Services Employee, LLC

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sun Financial Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Braton Cole

Name of Person

Bay4 Energy Services Employee, LLC

Firm/Company

311 N Bayshore Drive

Address

Safety Harbor, FL 34695

City/State and Zip Code

bcole@kenyonenergy.com

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

For further information concerning this matter, please call:

Braton Cole

727 608-1022
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	N/A	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2015 NOV 30 P 12:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

