

L21 000 271 759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

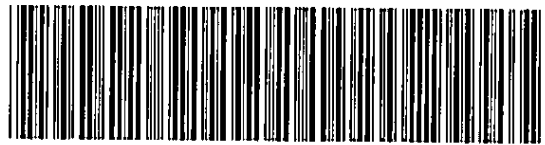
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/2021
JH

2021 SEP 10 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

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>
MGR	The 1031 Exchange Connection Inc	9400 Fountain Medical Ct, Ste B100	<input type="checkbox"/> Add
		Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lisa Sherman	220 Dal Hall Blvd	<input checked="" type="checkbox"/> Add
		Lake Placid, FL 33852	<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
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			<input type="checkbox"/> Remove

