

M090000000390



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02/07/18--01009--022 \*\*25.00

(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:

wrong form

Office Use Only

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

MAR 16 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLAYTON SERVICES LLC DBA CONNECTICUT CLAYTON SERVICES LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMI BOHM  
Name of Person

clayton  
Firm/Company

1500 MARKET ST.  
Address

PHILADELPHIA PA 19102  
City/State and Zip Code

REGULATORY @ RADIAN.BIZ  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TAMI BOHM at (815) 231 1335  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

Previously  
Received



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2018

TAMI BOHM  
1500 MARKET ST  
PHILADELPHIA, PA 19102

SUBJECT: CONNECTICUT CLAYTON SERVICES LLC  
Ref. Number: M09000000390

We have received your document for CONNECTICUT CLAYTON SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 818A00002753

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FEB 20 2018

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CLAYTON SERVICES LLC DBA CONNECTICUT CLAYTON SERVICES LLC

Enter new principal office address, if applicable:

(Principal office address  
MUST BE A STREET ADDRESS)

1500 MARKET ST. # 2050W  
Philade/PhIA PA 19102

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000000 390

DE

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 01/29/2009

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**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

Title/ Capacity	Name	Address	Type of Action
AMBR	CLAYTON HOLDINGS LLC	1500 MARKET ST PHILA, PA 19102	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Tami Bohm  
 Signature of the authorized representative

Member TAMI BOHM  
 Typed or printed name of signee

Filing Fee: \$25.00