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S. CHATHAM

JAN 1 1 2023

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Phone

: (307)200-2803 : (855)330-1010

Account Number : I20090000081

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

Email:	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELAWARE FEDERAL PROTECTION, LLC

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## 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 appear	s on the records of the Florida Department of
State: Delaware Federal Protectio	n, LLC
Enter new principal office address, if applicable:	7901 4th St N
(Principal office address	STE 300
MUST BE A STREET ADDRESS)	St. Petersburg FL 33702
Enter new mailing address, if applicable:	8 The Green
(Mailing address MAY BE A POST OFFICE BOX)	STE B EC
	Dover DE 19901
2. The Florida document number of this limited lia	
3. Jurisdiction of its organization: Delaware	ability company is: M1400003236
4. Date authorized to do business in Florida: 05	06 2014
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (mus	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registerer registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent: Northwest	Registered Agent LLC
New Registered Office Address: 7901 4th S	t N STE 300
St	Enter Florida Street Address . Petersburg Florida 33702
<u></u>	. Petersburg Florida 33702 Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

itle/ Capacity	<u>Name</u>	Address	Type of Action
MGR_	Prisciandaro, Anthony	PO BOX 149717	□Add
			22 DEC
		ORLANDO, FL 32814	\(\bar{\omega}\)R
MGR_	Managing WY LLC	8 THE GREEN STE B	XX: 35
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		DOVER, DE 19901	□Remo
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			□Remo
aforementic	a certificate, if required: no more than oned amendment(s), duly authenticated under the law of which this entity is o	I by the official having custody of records in the	
	$\sim$	of the authorized representative	

Filing Fee: \$25.00