

1/27/23, 5:32 PM

Division of Corporations

M15000007081

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

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

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOHNNY WAS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2023 JAN 30 AM 7:00

2023 JAN 30 AM 7:00

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: JOHNNY WAS, LLC

Enter new principal office address, if applicable: _____
(Principal office address)
MUST BE A STREET ADDRESS

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: 11500007081

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/04/2015

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 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 office 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

2023 JAN 30 AM 9:09
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**ADDITIONAL
Member's and Manager's: JOHNNY WAS, LLC**

Member's and Manager's address: 999 Peachtree Street, N.E., Ste. 688, Atlanta, GA 30309

NAME	Title
Catherine Nation	Senior Vice President
Thomas E. Campbell	Vice President
K. Scott Grassmyer	Vice President
Suraj A. Palakshappa	Vice President, Treasurer & Secretary
Janice C. Tanner	Vice President
Mary Margaret Heaton	Assistant Secretary
Caroline G. Wood	Assistant Secretary
Marianna M. Carden	Assistant Treasurer
Ashley Couey	Assistant Treasurer