

M 19000006065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

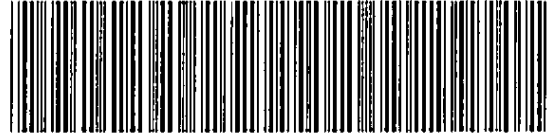
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700337788237

700337788237
12/06/19--01005--011 **25.00

19 DEC-6 PM 2:49

2019 DEC-6 PM 3:37

2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PWD- orlando, 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:

Teresa Van Weelden
Name of Person

Firm/Company

102 main St
Address

Pella, IA 50219
City/State and Zip Code

Vanweelden1@pella.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|--|

**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: PWD-Orlando, LLC

Enter new principal office address, if applicable: 350 State Road 434 West

(Principal office address

MUST BE A STREET ADDRESS)

Longwood, FL 32750

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: M19000006065

3. Jurisdiction of its organization: Iowa

4. Date authorized to do business in Florida: 6-21-19

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.

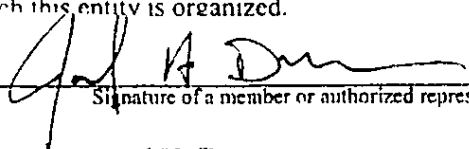
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------------------|----------------------------------|---|
| President | Paul Parks | 102 Main Street, Pella, IA 50219 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| VP | Torry Moschetti | 7818 Phillips Hwy Suite 200 | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32256 | <input type="checkbox"/> Remove |
| VP | Edwin Torres | 350 West State Road 434 | <input checked="" type="checkbox"/> Add |
| | | Longwood, FL 32750 | <input type="checkbox"/> Remove |
| Secretary | Joel H. Dorman | 102 Main Street | <input checked="" type="checkbox"/> Add |
| | | Pella, IA 50219 | <input type="checkbox"/> Remove |
| Asst Sec | William J. DeMeulenaere | 102 Main Street | <input checked="" type="checkbox"/> Add |
| | | Pella, IA 50219 | <input type="checkbox"/> Remove |

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.



Signature of a member or authorized representative
Joel H. Dorman

Typed or printed name of signee

Filing Fee: \$25.00