

M21000017048

(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:

513/3

Office Use Only



300443417973

01/29/25--01007--004 \*\*25.00

FILED

2025 JAN 29 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resi Labs Pathway Brokerage 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:

Joseph Krause

\_\_\_\_\_  
Name of Person

Resi Labs Pathway Brokerage LLC

\_\_\_\_\_  
Firm/Company

3131 McKinney Avenue, Suite 340

\_\_\_\_\_  
Address

Dallas, TX 75204

\_\_\_\_\_  
City/State and Zip Code

legal@yourpathway.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Krause

at ( 877 ) 958-1888

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

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

FILED

2025 JAN 29 PM 3: 37

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: Resi Labs Pathway Brokerage LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

Enter new principal office address, if applicable: 3131 McKinney Avenue  
Suite 340  
Dallas, TX 75204

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3131 McKinney Avenue  
Suite 340  
Dallas, TX 75204

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000017048

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 15, 2021

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

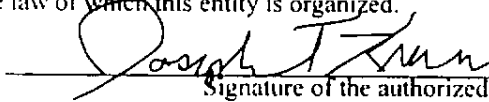
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Removing Electra White as Member; Adding Iesha Stewart as Member

| <u>Title/ Capacity</u> | <u>Name</u>   | <u>Address</u>               | <u>Type of Action</u>                      |
|------------------------|---------------|------------------------------|--------------------------------------------|
| Member                 | Electra White | 3131 McKinney Ave, Suite 340 | <input type="checkbox"/> Add               |
|                        |               | Dallas, TX 75204             | <input checked="" type="checkbox"/> Remove |
| Member                 | Iesha Stewart | 3131 McKinney Ave, Suite 340 | <input checked="" type="checkbox"/> Add    |
|                        |               | Dallas, TX 75204             | <input type="checkbox"/> Remove            |
|                        |               |                              | <input type="checkbox"/> Add               |
|                        |               |                              | <input type="checkbox"/> Remove            |
|                        |               |                              | <input type="checkbox"/> Add               |
|                        |               |                              | <input type="checkbox"/> Remove            |
|                        |               |                              | <input type="checkbox"/> Add               |
|                        |               |                              | <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 the authorized representative

Joseph Krause

Typed or printed name of signee

Filing Fee: \$25.00