

A21000000376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

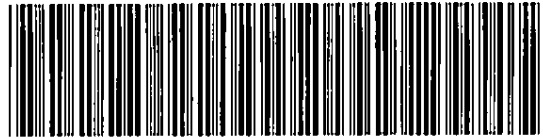
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

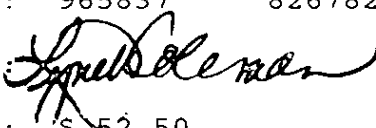
FILED

2021 AUG 17 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 17 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 965837 8267821  
AUTHORIZATION :   
COST LIMIT : \$52.50

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ORDER DATE : August 17, 2021  
ORDER TIME : 2:08 PM  
ORDER NO. : 965837-005  
CUSTOMER NO: 8267821

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DOMESTIC AMENDMENT FILING

NAME: CLOUD 10 ADVENTURES LP

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF AMENDMENT  
\_\_\_\_ RESTATED ARTICLES OF INCORPORATION  
XX \_\_\_\_ LP CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cloud 10 Adventures LP

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott Smith

Contact Person

Royal Legal Solutions

Firm/Company

1100 Azie Morton Road, #1105

Address

Austin, TX 78704

City, State and Zip Code

production@royallegalsolutions.com

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

For further information concerning this matter, please call:

Scott Smith

at ( 512 ) 871-0843

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

Cloud 10 Adventures LP

Insert name currently on file with Florida Department of State

A21000000376

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

**FIRST:** The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.  
☐ The record was defectively signed.

**SECOND:** This statement corrects Certificate of Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on 07/28/2021

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

The address of the Registered Agent, Corporation Service Company, was erroneously entered as 1100

Azie Morton Road, #105, Austin, TX 78704

**FOURTH:** The false or erroneous information or defect is corrected as follows:


The correct address for the Registered Agent, Corporation Service Company is 1201 Hays Street,

Tallahassee, FL 32301

Signature of a general partner\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Scott Smith, Incorporator as Authorized Representative of  
Big Bad American Motors, Inc., General Partner  
\_\_\_\_\_

Signature(s) of new general partner(s), if any:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

*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.*

\_\_\_\_\_  
Signature of Registered Agent

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>