F19000002571

| (R | equestor's Name) | |
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| (A | ddress) | |
| γ | 30,000, | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone #1 | <u></u> |
| PICK-UP | WAIT | MAIL. |
| (Bt | usiness Entity Name) | |
| (De | ocument Number) | |
| · Copies | Certificates o | of Status |
| at Instructions to File | ng Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendme | ent Section Division of Corporati | ons | |
|----------------------|--|---------------------------------------|--|
| SUBJECT: | DoyLE PROPE | 27/ES 11 10 | 1 |
| | | | |
| DOCUMENT NU | MBER: <u>F 19</u> | 00000 2571 | |
| The enclosed Ame | ndment and fee are submitted for | filing. | |
| Please return all co | orrespondence concerning this ma | tter to the following: | |
| CRA16 | Name of Contact Person | | |
| | Name of Contact Person | | |
| | | | |
| | Firm/Company | | |
| 1246 | CHENOKES DAY Address | <u> </u> | |
| · | Address | | |
| TAUA | City/State and Zip Code | 32301 | |
| | City/State and Zip Code | | |
| CRA16 | - DOYLE - PGA | @ 6 months. Con | n |
| E-mail addre | ss: (to be used for future annual r | eport notification) | |
| For further informa | ition concerning this matter, pleas | se call: | |
| CRAIG A | of Contact Person | ai (850, 408 | -1625 |
| Name | of Contact Person | Area Code & Daytime | Telephone Number |
| Enclosed is a check | c for the following amount: | | |
| □\$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | Certificate of Status & Certified Copy |

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

K19 MADOO 2571

| (Document number of corporation (if known) |
|--|
| • |
| Name of corporation as it appears on the records of the Department of State) |
| |
| (Incorporated under laws of) (Date authorized to do business in Florida) |
| (theorphiated littlet taws or) (Date authorized to do business in Florida) |
| SECTION II |
| (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) |
| It the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of accorporation? |
| |
| (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) |
| th new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| If the amendment changes the period of duration, indicate new period of duration, |
| |
| |
| (New duration) |
| It the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction) (New jurisdiction) |
| |
| (New jurisdiction) |
| If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| |
| Name of New Registered Agent CA16 DOYLE |
| Name of New Registered Agent CMA16 DOYLE 1246 CHENORE DAVE |
| (Florida street address) |
| New Registered Office Address: TAMA HASSEE , Florida 32301 |
| (City) (Zip Code) |
| Nan Danistand Aganty Signature if shanning Danistand Courts |
| New Registered Agent's Signature, if changing Registered Agent: Swereby accept the appointment of registered agent. I am familiar with and accept the obligations of the position. |
| |
| Signature of New Registered Agent, if changing |

CHANGE PRINCIPAL & MALING

1246 CHEROKEE DRIVE

TAMA HASSEE, FL 32301

4. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| te <u>Capacity</u> <u>Name</u> | Address <u>T</u> | ype of Action |
|---|--|-----------------|
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| The head is a certificate or document of similar import, the application to the Department of State, by the Secretain the laws of which it is incorporated. | evidencing the amendment, authenticated not metary in State or other official having custody of co | |
| /) // | ector, president or other officer - if in the hands of court appointed fiduciary, by that fiduciary) | |
| a receiver or other | | |
| (Typed or printed name of person signing |) TR 5 (Title of person | signing) |

FILING FEE \$35.00