

F20000000456

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

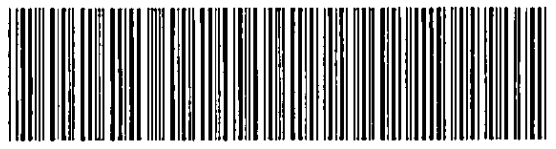
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED  
20 FEB 19 AM 9:35  
STATE  
TALLAHASSEE FLORIDA  
2020 FEB 19 11 3 43

FEB 20 2020

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

ACCOUNT NO. : I20000000195  
REFERENCE : 185759 4371937  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

ORDER DATE : February 19, 2020  
ORDER TIME : 3:0 PM  
ORDER NO. : 185759-005  
CUSTOMER NO: 4371937

FOREIGN FILINGS

NAME: ELLINGTON SERVICE CORPORATION

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ELLINGTON SERVICE CORPORATION

Name of Corporation

DOCUMENT NUMBER: F20000000456

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELSA CALDERON

Name of Contact Person

ELLINGTON SERVICE CORPORATION

Firm/Company

c/o TRIVEST PARTNERS - 550 S. DIXIE HWY, STE 300

Address

CORAL GABLES, FL 33146

City/State and Zip Code

MCALDERON@TRIVEST.COM

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

For further information concerning this matter, please call:

MICHELSA CALDERON at ( 305 ) 858-2200

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy       \$52.50 Filing Fee, 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)**

F20000000456

(Document number of corporation (if known))

1. ELLINGTON SERVICE CORPORATION

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. JANUARY 23, 2020

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

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

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

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**20 FEB 19 AM 9:36**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	JAMES ELLINGTON	3416 ROBARDS COURT	<input checked="" type="checkbox"/> Add
		LOUISVILLE, KY 40218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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20 FEB 19 AM 9:36  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 1000 PENNSYLVANIA AVENUE  
 WASHINGTON, DC 20540

FILED

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*David Gershman*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

DAVID GERSHMAN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00