

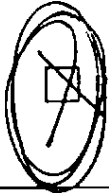
L00000003672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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WAIT

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MAIL

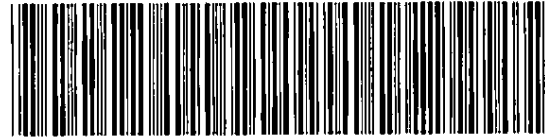
(Business Entity Name)

(Document Number)

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|----------------|-----------------------|--|
| AMBR         | James Halstead | 585 Bay Cliff Circle  | <input type="checkbox"/> Add               |
|              |                | Gulf Breeze, FL 32561 | <input checked="" type="checkbox"/> Remove |
|              |                |                       | <input type="checkbox"/> Change            |
| Member       | James Halstead | 585 Bay Cliff Circle  | <input type="checkbox"/> Add               |
|              |                | Gulf Breeze, FL 32561 | <input checked="" type="checkbox"/> Remove |
|              |                |                       | <input type="checkbox"/> Change            |
| MGR          | James Halstead | 585 Bay Cliff Circle  | <input type="checkbox"/> Add               |
|              |                | Gulf Breeze, FL 32561 | <input checked="" type="checkbox"/> Remove |
|              |                |                       | <input type="checkbox"/> Change            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Change            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Change            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 20, 2021

\_\_\_\_\_

Signature of a member or authorized representative of a member

Michael C. Rayboun, Attorney in Fact

Typed or printed name of signee