

L09000112627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

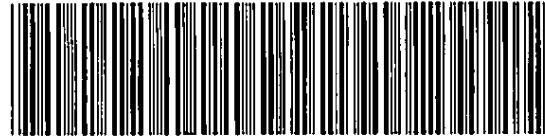
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



600364607016

2021 APR 21 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 APR 21 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 771411 7508939

AUTHORIZATION

COST LIMIT \$ 25.00

ORDER DATE : April 20, 2021

ORDER TIME : 10:37 AM

ORDER NO. : 771411-005

CUSTOMER NO: 7508939

DOMESTIC AMENDMENT FILING

NAME: HOLDEN PARCEL ONE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

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:** HOLDEN PARCEL ONE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Bruce G. Goren

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

Holden Parcel One, LLC

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

10866 Wilshire Boulevard, 11th Floor

\_\_\_\_\_  
Address

Los Angeles, CA 90024

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

bggoren@picoainc.com

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

For further information concerning this matter, please call:

Bruce G. Goren

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

310  
at ( )

Area Code

41-8411

\_\_\_\_\_  
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

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: HOLDEN PARCEL ONE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000112627

**THIRD:** The street address of the limited liability company's principal office is:

10866 Wilshire Boulevard, 11th Floor

Los Angeles, CA 90024

The mailing address of the limited liability company's principal office is:

10866 Wilshire Boulevard, 11th Floor

Los Angeles, CA 90024

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Bruce G. Goren

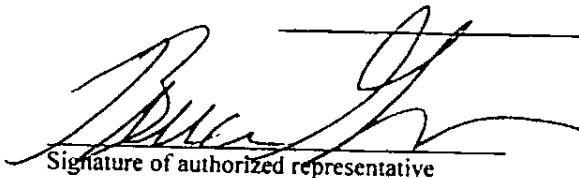
b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Bruce G. Goren

b. No authority granted to: n/a

FILED  
21 AM 10:40  
CLERK OF STATE  
TAMPA, FL

  
Signature of authorized representative

Bruce G. Goren

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)