

L13 000 173663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 JUN -9 PM 10:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C2 ACQUISITIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DON LEMASTUS

Name of Person

C2 ACQUISITIONS, LLC

Firm/Company

850 CONCOURSE PARKWAY SOUTH, SUITE 120

Address

MAITLAND, FL 32751

City/State and Zip Code

DON@THEBRIGHTWATERGROUP.COM

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

For further information concerning this matter, please call:

DON LEMASTUS

Name of Person

at (321) 800-71693

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

C2 ACQUISITIONS, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	C21 HOLDINGS, INC	850 CONCOURSE PARKWAY SOUTH, SUITE 120, MAITLAND, FL, 32751	<input checked="" type="checkbox"/> Add
		OMNI RESOURCE GROUP, INC.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 3, 2014



Signature of a member or authorized representative of a member

DON LEMASTUS, MGR OF COMM RES. GROUP, INC

Typed or printed name of signee

STATE
TALLAHASSEE
FLORIDA
14 JUN - 9 PM 12:00
2014