

L18 000091203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

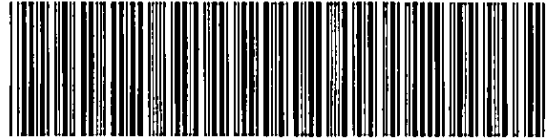
(Business Entity Name)

(Document Number)

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08/02/21--01018--006 \*\*225.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REAL ESTATE SCHOOL OF FLORIDA, 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:

FRANK KEASLER, VP-STRATEGIES AND COMPLIANCE

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

G8 EQUITY, LLC

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

9424 BAYMEADOWS ROAD, SUITE 110

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32226

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

fkeasler@g8equity.com

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

For further information concerning this matter, please call:

FRANK KEASLER

904

208-8500

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>                   |
|--------------|-------------------|--------------------------------|---|
| PRES.        | CEDRIC D. GRIFFIN | 9424 BAYMEADOWS ROAD, STE. 110 | <input checked="" type="checkbox"/> Add |
|              |                   | JACKSONVILLE, FL 32256         | <input type="checkbox"/> Remove         |
|              |                   |                                | <input type="checkbox"/> Change         |
| V.P.         | FRANK KEASLER     | 9424 BAYMEADOWS ROAD, STE. 110 | <input checked="" type="checkbox"/> Add |
|              |                   | JACKSONVILLE, FL 32256         | <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         |
|              |                   |                                | <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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**