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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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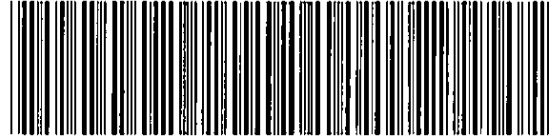
(Business Entity Name)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATTON AGENCY 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:

ANGIE ORTEGA

Name of Person

NUBUS ACCOUNTING & TAX FIRM LLC

Firm/Company

4788 SUGARLOAF PKWY, STE 102

Address

LAWRENCEVILLE, GA 30044

City/State and Zip Code

angie@nubustax.com

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

For further information concerning this matter, please call:

ANGIE ORTEGA 770 906-4844
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

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STRATTON AGENCY LLC

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL
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	NETREVENUE CORP	30 N GOULD ST STE R	<input type="checkbox"/> Add
		SHERIDAN, WY 82801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated SEPTEMBER 25, 2024

Typed or printed name of signee

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SEC. OF STATE
TALLAHASSEE, FL

Diagram 1: A horizontal line on the left connects to a vertical line on the right via a single horizontal segment.

Diagram 2: A horizontal line on the left connects to a vertical line on the right via a single vertical segment.

Diagram 3: A horizontal line on the left connects to a vertical line on the right via a single diagonal segment.

Diagram 4: A horizontal line on the left connects to a vertical line on the right via a single curved segment.

Diagram 5: A horizontal line on the left connects to a vertical line on the right via a single U-shaped segment.