

K21 000 288 201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

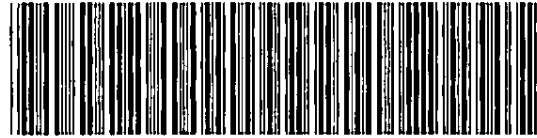
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Signature]

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07/08/21--01007--019 **25.00

2021-03 PM 4:52

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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> |
|--------------|-------------------|---------------------------|--|
| MGR | MAHN, JOSHUA D | 16101 MAGNOLIA CREEK LANE | <input type="checkbox"/> Add |
| | | MONTEVERDE, FL 34756 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LISCIAC, KAYCIE E | 16101 MAGNOLIA CREEK LANE | <input type="checkbox"/> Add |
| | | MONTEVERDE, FL 34756 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MANGUM, TANNER | 1458 BROKEN OAK DRIVE | <input type="checkbox"/> Add |
| | | WINTER GARDEN, FL 34787 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CONNELL, ANDREW | 1458 BROKEN OAK DRIVE | <input type="checkbox"/> Add |
| | | WINTER GARDEN, FL 34787 | <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 |

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(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.

Dated AUGUST 1ST, 2021.

Signature of a member or authorized representative of a member

SHAILENDER SHIVCHITRAN
Typed or printed name of signee

Filing Fee: \$25.00