

L23000344773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

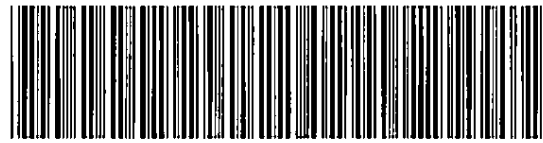
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

RA Change

Office Use Only



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NOV - 7 2023

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2023 NOV - 6 PM 12:18 NOV - 6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE
TALLAHASSEE



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 11/06/23
Order #: 1304412-2
Re: CAM, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", written over a horizontal line.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

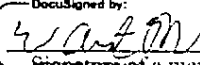
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CAM, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5900 U.S. Highway 42
Louisville, KY 40241
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5900 U.S. Highway 42
Louisville, KY 40241
3. 07/20/2023
Date of filing/registration in Florida
4. L23000344773
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Cogency Global Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
115 North Calhoun Street, Suite 4
Tallahassee, FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

FILED
 2023 NOV -6 PM 12:10
 SECRETARY OF STATE
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

DocuSigned by:

 Signature of a member or authorized representative of a member

W.A. Musselman, Jr.

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Alexis Weiland-Spawson, ACP
 Signature of Registered Agent