

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GRANITE INLINER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

2020 MAY 12 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY 12 PM 3:58

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Electronic Filing Menu

Corporate Filing Menu

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MAY 13 2020

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Granite Inliner, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

4520 N. State Rd., #37, Orleans, Indiana 47452, United States

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M02000001646

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 06/21/2002

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

The officers need to be listed with their titles and addresses

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Robert VanGorder	9303 New Trails Drive, Suite 200	<input checked="" type="checkbox"/> Add
Vice		The Woodlands, TX 77381	<input type="checkbox"/> Remove
President	Ralph Bonanotte	4520 N. State Rd., #37	<input checked="" type="checkbox"/> Add
Vice		Orleans, IN 47452	<input type="checkbox"/> Remove
President	Mark Harris	4520 N. State Rd., #37	<input checked="" type="checkbox"/> Add
Vice		Orleans, IN 47452	<input type="checkbox"/> Remove
President	Denise McClanahan	4520 N. State Rd., #37	<input checked="" type="checkbox"/> Add
Vice		Orleans, IN 47452	<input type="checkbox"/> Remove
Secretary	Ashley Stinson	585 W Beach Street, Attn: Legal	<input checked="" type="checkbox"/> Add
		Watsonville, CA 95076	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Ashley Stinson
Secretary, 10/25/2020, 10:20 AM

Signature of the authorized representative

Ashley Stinson, Secretary
Typed or printed name of signee

Filing Fee: \$25.00