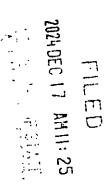
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE
DEC 19 2024

Office Use Only



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7024 DEC 17 PH 14:51

## **CT CORP**

### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

**Date:** 12/17/2024

	Acc#I20160000072
Name:	Ivy H. Smith Company, LLC
Document #:	
Order #:	16040153-360
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Certified Copy of  Apostille/Notarial  Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	Certified: ✓ Email Address for Annual Report Notifications  Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00

Thank you!

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

#### SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida D	epartment of
State: IVY H. SMITH COMPANY, LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M030000002	.66
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 01/2	2/2003	
SECTION II (5-9 complete only the applicable	changes)	
<ol> <li>New name of the limited liability company: (mus</li> </ol>	at contain "Limited Liability Con	npany, ""IL.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopting the al	ousiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records ddress here:	s. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a Street Address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of n tered agent as provided for in C in the registered office address,	ny duties, and Lam familiar with hapter 605, F.S. Or, if this
<del>- if C</del>	Changing Registered Agent, Sign	nature of New Registered Agent

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
lanager	Kevin M. Wetherington	11780 US Highway 1, Ste 600	⊠Add
		Palm Beach Gardens, FL 33408-3043	□Remo
Aanager	H. Andrew DeFerrari	11780 US Highway 1, Ste 600	Ndd
		Palm Beach Gardens, FL 33408-3043	□Remo
1ember	Dycom Investments, Inc.	11780 US Highway 1, Ste 600	⊠∧dd
		Palm Beach Gardens, FL 33408-3043	□Remo
Manager Steven	Steven E. Nielsen	11780 US Highway 1, Ste 600	□Add
		Palm Beach Gardens, FL 33408-3043	⊠Rem
			□Add
aforementio	under the law of which this entity is	led by the official having custody of records in the organized.	Rem
	• •	NDREW DEFERRARI	

Filing Fee: \$25.00