

M05000005537

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000043064 3)))



H240000430643ABX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
B&J DEVELOPMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	11
Estimated Charge	\$55.00

2024 JAN 31 PM 2:43

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 JAN 31 11:16:17 AM

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

H24000043064

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B&J Development LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gwendolyn C. Sutton, Senior Paralegal

Name of Person

Frost Brown Todd LLP

Firm/Company

150 3rd Avenue S, Suite 1900

Address

Nashville, TN 37201

City/State and Zip Code

maggie.dillman@NAProperties.com

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

For further information concerning this matter, please call:

Gwendolyn C. Sutton at (615) 743-6757

Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

H24000043064

H24000043064

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: B&J Development LLC

Enter new principal office address, if applicable: _____

(Principal office address
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 liability company is: M05000005537

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: September 29, 2005

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

5. New name of the limited liability company: North American Ventures LLC
(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

2024 JAN 31 PM 2:43

DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

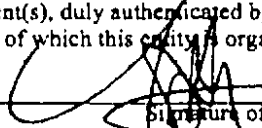
H24000043064

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.



 Signature of the authorized representative
 NAP Management LLC, Manager
 By: Kevin P. Riley, Manager of NAP Management LLC

 Typed or printed name of signee

Filing Fee: \$25.00

H24000043064

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify
that the paper to which this is attached is a true and correct copy from the original
record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
31st day of January, A.D. 2024.*

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:

202403103302



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/14/2022	202210304062	OHIO LLC - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC
3300 GREAT AMERICAN TOWER
301 EAST FOURTH STREET
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
1408130

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NORTH AMERICAN VENTURES LLC

and, that said business records show the filing and recording of:

Document(s)
OHIO LLC - AMENDMENT

Document No(s):
202210304062

Effective Date: 04/13/2022



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
14th day of April, A.D. 2022.

Frank LaRose
Ohio Secretary of State

1124000043064

Form 611 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50**Form Must Be Typed****(CHECK ONLY ONE (1) BOX)****(1) Domestic Limited Liability Company**☒ Amendment (129-LAM)**(2) Domestic Limited Liability Company**☐ Restatement (142-LRA)

B&J DEVELOPMENT LLC

Name of Limited Liability Company

1408130

Registration Number

Optional: Effective Date (MM/DD/YYYY) 4/13/2022

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company North American Ventures LLC

(Name must include one of the following words or abbreviations:
"limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd.")

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

NAP MANAGEMENT LLC, MANAGER

Signature

KEVIN P. RILEY, MANAGER OF NAP MANAGEMENT LLC

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ---> 202210303822



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/13/2022	202210303822	Name Reservation Transfer (NRT)	25.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC
3300 GREAT AMERICAN TOWER
301 EAST FOURTH STREET
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4820065

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NORTH AMERICAN VENTURES LLC

and, that said business records show the filing and recording of:

Document(s)

Name Reservation Transfer

Effective Date: 04/13/2022

Document No(s):

202210303822

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
13th day of April, A.D. 2022.

Ohio Secretary of State

H24000043064

DOC ID --> 202210303822

Form 534B Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Name Reservation / Transfer / Cancellation****Reservation Filing Fee: \$39 (160-NRO)****Transfer Filing Fee: \$25 (185-NRT)****Cancellation Filing Fee: \$25 (184-RNX)****Form Must Be Typed****CHECK ONLY ONE (1) BOX**☐ (1) Original Name Reservation

Applicant is reserving the name on behalf of a: proposed new corporation, limited liability company or business trust; or an existing corporation, limited liability company, or business trust intending to change its name.

☒ (2) Name Reservation TransferReservation Number **4820065**Reserved Name **NORTH AMERICAN VENTURES LLC**☐ (3) Name Reservation CancellationReservation Number **4820065**Reserved Name **NORTH AMERICAN VENTURES LLC****Complete only if box (1) is checked**

Please reserve the first name available (only one name may be reserved per form) in the order of preference listed below. I understand that I am not granted the reservation until I receive written confirmation from the Secretary of State's office stating that the name has been reserved for me. The name reservation is valid for a period of **180 days** from the date of filing.

First Choice

Second Choice

Third Choice

Applicant Information

Name (Business Entity or Individual)

Mailing Address

City

State

ZIP Code

H24000043064

DOC ID --> 202210303822

Complete only if box (2) is checked

B&J Development LLC

Transferee Name (New Applicant Name)

212 East Third Street, Suite 300

Mailing Address

Cincinnati

City

Ohio

State

45202

ZIP Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This document must be signed by the applicant or by any authorized representative of the applicant.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

North American Properties Inc.

Signature

/s/ Kevin P. Riley

By (if applicable)

Kevin P. Riley, Secretary and Treasurer

Print Name

Signature

By (if applicable)

Print Name

H24000043064