

MD5000005588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

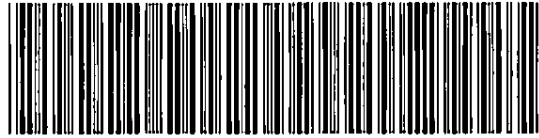
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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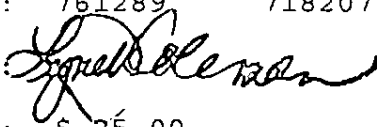
FILED
17 SEP - 1 PM 11:44

S. WARREN

SEP 05 2017

FILED
17 SEP - 1 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 761289 7182077
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : August 9, 2017

ORDER TIME : 3:56 PM

ORDER NO. : 761289-505

CUSTOMER NO: 7182077

FOREIGN FILINGS

NAME: NEW KING ROAD JACKSONVILLE,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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: New Kings Road Jacksonville, 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: M05000005588

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/30/2005

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

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

6. If amending the registered agent and/or registered officer address on our records, enter the name of the
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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Figure 1. The proposed model of the relationship between the variables. The model shows a path from Y_1 to Y_2 with a coefficient of β_1 . There is also a path from X to Y_2 with a coefficient of β_2 . The error term u_2 is shown as a vertical arrow pointing to Y_2 .

MGR Robert Fox 502 East Bridgers Avenue ☐ Add
Auburndale, FL 33823 ☒ Remove

MGR Michael P. Ryan 502 East Bridgers Avenue  Add
Auburndale, FL 33823  Remove

_____ ☐ Add

☐ Remove

_____ ☐ Add

☐ Remove

_____ ☐ Add

☐ Remove

Signature of the authorized representative 82817

Michael P. Ryan, Manager
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00