

Mo60000002057

Division of Corporations
Florida Department of State
Division of Corporations
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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
PALM AUTO PLAZA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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Corporate Filing Menu

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2020 JAN -3 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Palm Auto Plaza, 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: MU6000002057

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/11/2006

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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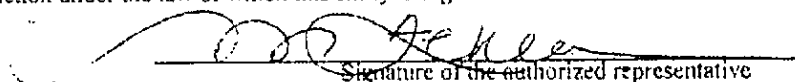
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Additions of Wayne Levitzki, Maggie Feher, Anthony Sciorilli and Joseph M. Ziniti as an Authorized Persons

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Wayne Levitzki	3264 Commerce Avenue	<input checked="" type="checkbox"/> Add
		Duluth, GA 30096	<input type="checkbox"/> Remove
AP	Maggie Feher	2555 Telegraph Rd.	<input checked="" type="checkbox"/> Add
		Bloomfield Hills, MI 48302	<input type="checkbox"/> Remove
AP	Anthony Sciorilli	2555 Telegraph Rd.	<input checked="" type="checkbox"/> Add
		Bloomfield Hills, MI 48302	<input type="checkbox"/> Remove
AP	Joseph M. Ziniti	2555 Telegraph Rd.	<input checked="" type="checkbox"/> Add
		Bloomfield Hills, MI 48302	<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

Maggie Feher, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2020-01-03 11:19:37 CST
RE	PAG DAVIE P1, LLC

COVER MESSAGE

Zachary Cain
Fulfillment Associate I
Global Fulfillment Team
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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