

MO80000001690

Lowell Clary

(Requestor's Name)

2260 Wednesday Street

(Address)

Suite 200

(Address)

Tallahassee, FL 32308

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

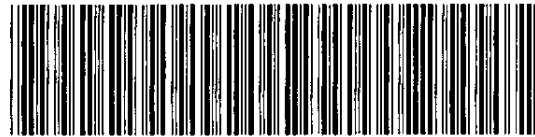
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MAY 28 2008

EXAMINER



100129020851

05/28/08--01010--025 \*\*25.00

RECEIVED  
08 MAY 28 PM 1:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: P3 DEV CO, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 4-1-08

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_  
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Names and address of Managers in Statement 9 - See

attached

9. Attached is an original certificate, 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 a member or the authorized representative of a member

**Lowell R. Clary, Manager**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
08 MAY 28 PM 2:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Names and Addresses of Managers:**

**Toby P Brigham**                      **2525 Ponce de Leon Boulevard, Suite 625**  
**Coral Gables, FL 33134**

**Denver J. Stutler, Jr.**                **2260 Wednesday Street, Suite 200**  
**Tallahassee, FL 32308**

**Lowell R. Clary**                      **2260 Wednesday Street, Suite 200**  
**Tallahassee, FL 32308**