M08000004632

7/19/24, 2:48 PM Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 : (614)573-3996

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
WHEEL PROS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$55.00

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K. SALY
JUL 22 2024

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: WHEEL PROS, LLC

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2024 JUL 19 AM 8:50

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: M08000004632

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/13/2008

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

City , Florida *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

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.

Title/ Capacity	Name	Address	Type of Action
President	Vance Johnston	5347 S VALENTIA WAY STE 200	☒Add
		GREENWOOD VILLAGE, CO 80111-3145	☐Remove
	Donald Bradford	5347 S VALENTIA WAY STE 200	☐Add
		GREENWOOD VILLAGE, CO 80111-3145	☒Remove
Secretary	Kyle Pederson	5347 S. Valentia Way, Suite 200	☒Add
		Greenwood Village, CO 80111	☐Remove
			☐Add
			☐Remove
			☐Add
			☐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

Vance Johnston (Vance Johnston)

Typed or printed name of signee

FILED
2024 JUL 19 AM 9:33
SECRETARY OF STATE

Filing Fee: $25.00

FILED
2024 JUL 19 AM 3:53
TALLAHASSEE, FLORIDA

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Colorado }
County of Arapahoe } ss

On this the 18th Day day of July Month 2024 Year, before me,

Carol Anne Bjornestad Name of Notary Public, the undersigned Notary Public,

personally appeared Vance Johnston Name(s) of Signer(s)

☒ personally known to me – OR –

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

CAROL A BJORNESTAD
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20074007856
MY COMMISSION EXPIRES FEB 25, 2027

Carol A Bjornestad
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

INFORMATION IN AREAS 1-4 REQUIRED IN ARIZONA. OPTIONAL IN OTHER STATES.

Description of Any Attached Document

1 Title or Type of Document: Application by Foreign LLC to file Amendment to Certificate of Authority to Transact Business in Florida (Wheel Pros LLC)

2 Document Date: _____ 3 Number of Pages: 4 (not including this page)

4 Signer(s) Other Than Named Above: _____