

MI0000060308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

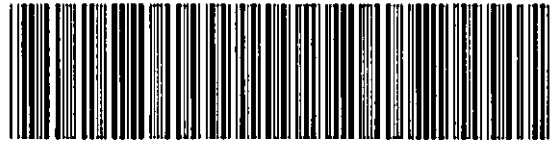
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/7/21
TM

Office Use Only



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06/30/21--01017--016 **60.00

21 AUG 31 PM 3:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2021

JAN CUMMINGS
2900 LONE OAK PARKWAY STE 140A
EAGAN, MN 55121

SUBJECT: GOPHER RESOURCE, LLC
Ref. Number: M10000000308

* See new
attached

We have received your document for GOPHER RESOURCE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 021A00017109

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gopher Resource, 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:

Jan Cummings

Name of Person

Gopher Resource, LLC

Firm/Company

2900 Lone Oak Parkway, Suite 140A

Address

Eagan, MN 55121

City/State and Zip Code

jan.cummings@gopherresource.com

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

For further information concerning this matter, please call:

Jan Cummings

Name of Person

at (612) 405-2238

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

(\$60 fees paid previously)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

21 AUG 30 PM 3:06

SECTION I (1-4 must be completed)

1. Name of the limited liability company: _____

State: GOPHER RESOURCE, 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: _____

M10000000308

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/20/10

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: Brian Leen

New Registered Office Address: 6505 Jewel Avenue

Enter Florida Street Address

Tampa

City

Florida

33619

Zip Code

New Registered Agent's Signature (if changing Registered Agent): _____

I, the undersigned, being duly sworn, depose and say that I am familiar 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)(c), indicate that change:

21 AUG 30 PM 3:06

Title, Capacity, Name, Address, City, State, Zip

MGR Brian Leen 6505 Jewel Ave., Tampa, FL 33619 ☒ Add

☐ Remove

MGR Wayne Vespoli ☐ Add

2900 Lone Oak Pkwy, Ste 140A, Eagan, MN 55121 X

☐ Add

☐ 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 a member or authorized representative of a member

Brian Leen

Typed or printed name of signer

Filing Fee: \$25.00