Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000393511 3)))



H200003935113ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To	: Division of C	orporations		
		: (850)617-6383		
Fr	om:			
	Account Name		ROUP INC.	1
		r : 120160000086		السارية دي جرد
	Phone	: (561)508-5033		70
	Fax Number	: (561)694-1639		£'n
				ساز ن
**Enter ti	he email address for	r this business ent	ity to be us	ed for (futu)
20000	al ropert mailings	Enter only one om	ail addrage r	nlesse ##
annu	al report mailings.	Enter only one em	ail address p	please
annu	al report mailings.	Enter only one em	ail address p	please. 🏋 🚉
annu	al report mailings. 1 Address:	Enter only one em	ail address p	please.**
annu	al report mailings.	Enter only one em	ail address p	please.M
annu Emai	al report mailings.	Enter only one em	ail address p	please.
annu Emai	al report mailings.	Enter only one em	ail address p	please.**
annu Emai	al report mailings. 1 Address:	Enter only one em	ail address p	please.M.
annu Emai	al report mailings.	Enter only one em	ail address p	please.M.
annu Emai	al report mailings. 1 Address: LLC AMND/RESTA	Enter only one em	ail address p	SIGN
annu Emai	al report mailings. 1 Address: LLC AMND/RESTA	Enter only one em	ail address p	SIGN
annu Emai	LC AMND/RESTA	Enter only one em TE/CORRECT O HARE TITLE SEI	ail address p	SIGN
annu Emai	al report mailings. 1 Address: LLC AMND/RESTA	Enter only one em TE/CORRECT O HARE TITLE SEI	ail address p	SIGN
annu Emai	LC AMND/RESTA COMPUTERS Certificate of Sta	Enter only one em TE/CORRECT O HARE TITLE SEI	ail address p	SIGN
annu Emai	LC AMND/RESTA	Enter only one em TE/CORRECT O HARE TITLE SEI	ail address p	SIGN

\$25.00

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help NOV 1 2020

1 of 1 11/13/20, 11:51 AM

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 appear State: COMPUTERSHARE TITLE SERVICES	·	
Enter new principal office address, if applicable:	6200 S. Quebec St, Suite 210	
(Principal office address MUST BE A STREET ADDRESS)	Greenwood Village, CO 80111	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6200 S. Quebec St, Suite 210 Greenwood Village, CO 80111	
2. The Florida document number of this limited lie	iability company is:	
3. Jurisdiction of its organization: M1000000160-)4	
4. Date authorized to do business in Florida: 04/0	06/2010	
SECTION II (5-9 complete only the applicable	~ ~	
5. New name of the limited liability company: (must	ist contain "Limited Liability Company," "L.L.C.," or "L.	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate nameC." or "LLC.")	i, Ti
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida Street Address	
	, Florida City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited	

Filing Fee: \$25.00