

m11000000174

**Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet**

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.

((H21000370741 3)))



H210003707413ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 OCT -6 AM 8:04

FLORIDA SECRETARY OF STATE

2021 OCT -4 PM 1:51
 FLORIDA SECRETARY OF STATE

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PEAK CAMPUS MANAGEMENT, LLC**

*** please give original submission date as file date ***

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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clearer version should be legible



October 5, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PEAK CAMPUS MANAGEMENT, LLC
111 E. WAYNE STREET
SUITE 500
FORT WAYNE, IN 46802

SUBJECT: PEAK CAMPUS MANAGEMENT, LLC
REF: M11000000174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000370741
Letter Number: 121A00024184

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Monday, October 04, 2021 2:21 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20211004_132024_00005150-0000.pdf

Create Time: 10/04/2021 01:16:17 PM

Schedule Time: 10/04/2021 01:20:24 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:

Capitol Services, Inc.

Subject: H21000370741

Max tries: 5

Try interval: 600

Priority: 3

Pages: 6

Recipient fax: 850-617-6383

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

H21000370741

**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: Peak Campus Management, 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: M11000000174

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/13/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Blue Ridge Services Company, LLC
(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," "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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FILED

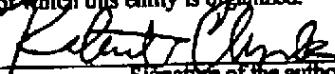
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

Robert Clark

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PEAK CAMPUS MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BLUE RIDGE SERVICES COMPANY, LLC" ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2021, AT 3:18 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED

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SECRETARY OF STATE
DELAWARE

4903620 8320
SR# 20213416594

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204316463
Date: 10-04-21

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