

111000003419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

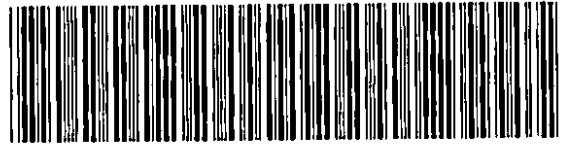
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2026 JUL 22 AM 8:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

2026 JUL 22 AM 11:16
SEC. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT

07/22/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 515632 7865249
AUTHORIZATION : *Shauna Godbolt*
COST LIMIT : \$ 25.0

ORDER DATE : June 25, 2024
ORDER TIME : 4:32 PM
ORDER NO. : 515632-030
CUSTOMER NO: 7865249

2024 JUN 25 AM 8:18
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: FX FACILITY GROUP, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FX Facility Group, 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:

Thomas Booher

Name of Person

Foxx Construction, LLC

Firm/Company

324 W. Ninth Street

Address

Cincinnati, OH 45202

City/State and Zip Code

tbooher@defoxx.com

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

For further information concerning this matter, please call:

Thomas Booher

at (513) 639-8864

Name of Person

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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**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: FX Facility Group, 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: M11000003419

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 07/06/2011

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

5. New name of the limited liability company: Foxx Construction, LLC
(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

_____, 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

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ 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.

Patricia Foxx Digitally signed by Patricia Foxx
Signature of the authorized representative Date: 2024.07.09 10:43:51 -04'00'

Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FOXX CONSTRUCTION, LLC, an Ohio Limited Liability Company, Registration Number 1666287, was organized in the State of Ohio on December 13, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.

2024 JUL 17 AM 8:18
CLERK OF STATE
COLUMBUS, OHIO



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 17th day of July, A.D. 2024.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202419902050