

M1100000 3546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

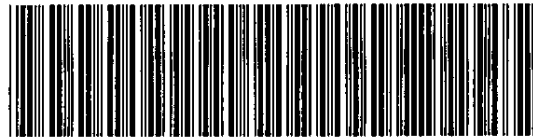
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP -6 P 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 07 2016

2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

BRETT J. FOGLE
1698 S 16TH ST
BOCA RATON, FL 33486

SUBJECT: CYDEC SOFTWARE, LLC
Ref. Number: M11000003546

We have received your document for CYDEC SOFTWARE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00018133

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYDEC SOFTWARE

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:

Brett J Fogle

Name of Person

Cydec Software LLC

Firm/Company

1698 SW 16th St

Address

Boca Raton, FL 33486

City/State and Zip Code

brett@cydec.com

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

For further information concerning this matter, please call:

Brett Fogle

Name of Person

at (561) 715-7302

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

**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: Cydec Software, LLC

Enter new principal office address, if applicable: Cydec Software

(Principal office address
MUST BE A STREET ADDRESS) 1024 N Town and River Dr
Ft. Myers, FL 33919

Enter new mailing address, if applicable: Cydec Software

(Mailing address
MAY BE A POST OFFICE BOX) 1024 N Town and River Dr
Ft. Myers, FL 33919

2. The Florida document number of this limited liability company is: M11000003546

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 13, 2011

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

_____, 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>White Birch & Company LLC</u>	<u>1024 N Town and River Dr, Ft Myers FL 33919</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>E Daniel Miller</u>	<u>1024 N Town and River Dr, Ft. Myers FL 33919</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MBR</u>	<u>BJF Enterprises LLC</u>	<u>1698 SW 16th St, Boca Raton, FL 33486</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Brett J Fogle</u>	<u>1698 SW 16th ST, Boca Raton, FL 33486</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGRM</u>	<u>BJF Enterprises LLC</u>	<u>1698 SW 16th St, Boca Raton, FL 33486</u>	<input type="checkbox"/> Add
			<input checked="" 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

Brett J Fogle

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA