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SECRETARY OF SIGNIDA

JUN 0 6 2016 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

THE STATE OF THE S		
SUBJECT: 9FACTORS, LLC		
Name of Foreign I	Limited Liability Compa	any
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
JOSEPH C. WASCH, ESQ.		
Name of Person		16
WASCH RAINES LLP		16 MAT
Firm/Company		
2500 N. MILITARY TRAIL, S	TE 465	
Address		
BOCA RATON, FL 33431		
City/State and Zip Code		
jwasch@waschraines.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, pl	ease call:	
Joseph C. Wasch	.,561 \ 693-	3231
Name of Person	Area Code & Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*} \text{ \$\text{S}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	\$55 Filing Fee & Certified Copy	S60 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 Florid	a Department of	
State: 9FACTORS, 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)			16 MAY 31
2. The Florida document number of this limited liab	oility company is: M1100		PM 5: 54
3. Jurisdiction of its organization: DELAWAR	:E		5
4. Date authorized to do business in Florida: 09/0	02/2011		- -
SECTION II (5-9 complete only the applicable cl			
5 Name	PPROVED RENTAL	.S, LLC Company, ""L.L.C.," or "LLC.	. ")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members adopting the	g business in Florida and attack alternate name. The alternate r	– n a name
6. If amending the registered agent and/or registered registered agent and/or the new registered office addressed agent.		ords, enter the name of the new	
Name of New Registered Agent:			-
New Registered Office Address:			_
	Enter Flo	rida Street Address	
	City	, Florida Zip Code	_
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change i	t and agree to act in this ca and complete performance o ered agent as provided for in	of my duties, and I am familiar v 1 Chapter 605, F.S. Or, if this	with

liability company has been notified in writing of this change.

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aforementioned am	he law of which this entity is organize	official having custody of records in th	e

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "APPROVED RENTALS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF MAY, A.D. 2016.

SECRETARY OF STORES

at core delaware gov/aut

5029819 8300

Authentication: 202264517

Date: 05-05-16