

M120000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

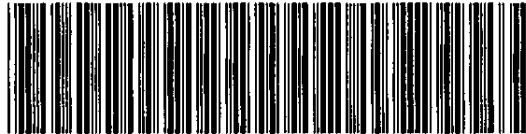
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY 26 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN - 1 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Income Holdings, 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:

Justin G. Cerrato  
Name of Person

Hathaway & Reynolds, P.A.  
Firm/Company

50 AZA N. Suite 108  
Address

Ponte Vedra Beach, FL 32082  
City/State and Zip Code

justin.cerrato@putt.itl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin G. Cerrato at ( 904 ) 373-3174  
Name of Person 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
- already pd.*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2015

JUSTIN G CERRATO  
HATHAWAY & REYNOLDS, PA  
50 A1A NORTH STE 108  
PONTE VEDRA BEACH, FL 32082

SUBJECT: INCOME HOLDINGS, LLC  
Ref. Number: M12000000029

We have received your document for INCOME HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 315A00009156

RECEIVED  
15 MAY 26 PM 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Income Holdings, LLC

2. The Florida document number of this limited liability company is: M1200000029

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/30/2011

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 office 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:

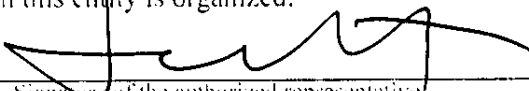
\_\_\_\_\_

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15 MAY 26 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>MGR</u>             | <u>Paul Morton</u> |                                   | <input type="checkbox"/> Add               |
|                        |                    |                                   | <input checked="" type="checkbox"/> Remove |
| <u>AMGR</u>            | <u>Paul Morton</u> | <u>830-13 AZAN.</u>               | <input checked="" type="checkbox"/> Add    |
|                        |                    | <u>Suite 124</u>                  | <input type="checkbox"/> Remove            |
|                        |                    | <u>Ponte Vedra Beach FL 32082</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            |

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

Justin G. Cervato  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00