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To:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN US PATRIOT, LLC

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FALE 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 appear	rs on the records of the Florida D	epartment of	
State: US PATRIOT LLC			
Enter new principal office address, if applicable:	1340 RUSSELL CAVE ROAD		_
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	LEXINGTON, KY 40505		_
			_
Enter new mailing address, if applicable:	1340 RUSSELL CAVE ROAD		
(Mailing address MAY BE A POST OFFICE BOX)	LEXINGTON, KY 40505		_ %
·		110	123 J
2. The Florida document number of this limited lia	ability company is: M1200000402	19	2م23 بابار 2
3. Jurisdiction of its organization: South Carolina			P#
4. Date authorized to do business in Florida: 7/17/			
		<u> </u>	_ ဌ
SECTION II (5-9 complete only the applicable of	-	· •	
 New name of the limited liability company:	t contain "Limited Liability Com	pany, " "L.L.C.," or "LLC	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting but naging members adopting the alte	siness in Florida and attac rnate name. The alternate	name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, ldress here:	enter the name of the new	
Name of New Registered Agent:			_
	Enter Florida .		_
	City	_, Florida	-
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 of and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	gistered Agent: it and agree to act in this capacity and complete performance of my ared agent as provided for in Cha in the registered office address. I	v. I further agree to compl duties, and I am familiar v pter 605. F.S. Or. if this	y with vith
If Ch	nanging Registered Agent, <u>Signat</u>	ure of New Registered Ag	ent

Title/ Capacity	<u>Name</u>	Address	Type of Action
anager	Dustin McDulin	1340 Russell Cave Road	⊠Add
		Lexington, KY 40505	□Remo
Member Galls Parent Holdings, LLC	1340 Russell Cave Road	BAdd	
	Lexington, KY 40505		
Manager John Brown	1340 Russell Cave Road	■Add	
	Lexington, KY 40505		
Manager Michael Fadden	1340 Russell Cave Road	⊠Add	
	Lexington, KY 40505	Remo	
aforemention	under the law of which this entity is o	d by the official having custody of records in the organized.	□Remo
	Signature	e of the authorized representative	

Filing Fee: \$25.00