

m12000004845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 21 2015

S MASON

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

ACCOUNT NO. : I20000000195

REFERENCE : 838470 7222042

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : October 20, 2015

ORDER TIME : 3:29 PM

ORDER NO. : 838470-005

CUSTOMER NO: 7222042

FOREIGN FILINGS

NAME: VERIFICATION, 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: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Verification, 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:

Emil Bonaduce

Name of Person

Vision Database Systems

Firm/Company

1562 Park Lane South, Suite 500

Address

Jupiter, FL 33458

City/State and Zip Code

Emil.Bonaduce@visiondatabase.com

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

For further information concerning this matter, please call:

Emil Bonaduce at (561) 748-0711

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

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: Verification, LLC

Enter new principal office address, if applicable: 1562 Park Lane South, Suite 500

(Principal office address

MUST BE A STREET ADDRESS)

Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1562 Park Lane South, Suite 500

Jupiter, FL 33458

2. The Florida document number of this limited liability company is: M12000004845

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/04/2012

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: Emil Bonaduce

New Registered Office Address: 1562 Park Lane South, Suite 500

Enter Florida Street Address

Jupiter

City

Florida 33458

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.

Emil Bonaduce

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

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>
<u>Director</u>	<u>Samuel Logan</u>	<u>650 Massachusetts Ave., NW, 6th Flr.</u>	<input type="checkbox"/> Add
		<u>Washington, DC 20001</u>	<input checked="" type="checkbox"/> Remove
<u>Treasurer</u>	<u>Teresa Smith</u>	<u>650 Massachusetts Ave., NW, 6th Flr.</u>	<input type="checkbox"/> Add
		<u>Washington, DC 20001</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Emil Bonaduce</u>	<u>1562 Park Lane South, Suite 500</u>	<input checked="" type="checkbox"/> Add
		<u>Jupiter, FL 33458</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<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.

Emil Bonaduce

Signature of the authorized representative

Emil Bonaduce

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF STATE
JANUARY 1, 2015
TALLAHASSEE, FLORIDA

2015 OCT 20 A 9:56

FILED