

10/18/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ
Account Number : I20190000084
Phone : (813)254-8998
Fax Number : (813)839-4411

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BULK NATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 OCT 18 PM 10:32

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TALLAHASSEE, FLORIDA

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OCT 21 2019

T. J. LEMLEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BULK NATION, 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:

ADAM D. BIRCH, ESQ.

Name of Person

OLDER LUNDY & ALVAREZ

Firm/Company

1000 WEST CASS STREET

Address

TAMPA, FL 33606

City/State and Zip Code

ABIRCH@OLALAW.COM

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

For further information concerning this matter, please call:

ADAM D. BIRCH, ESQ.

Name of Person

at 813 254-8998

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: BULK NATION, LLC

Enter new principal office address, if applicable: 8125 25TH COURT EAST

(Principal office address
MUST BE A STREET ADDRESS)

SARASOTA, FL 34243

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

8125 25TH COURT EAST

SARASOTA, FL 34243

2. The Florida document number of this limited liability company is: M12000006386

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: OCTOBER 5, 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: JONATHAN DRAKE, JR.

New Registered Office Address: 8125 25TH COURT EAST

Enter Florida Street Address

SARASOTA

Florida 34243

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 603, 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.

Jonathan Drake
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>
AMBR	KAREN A. SARDINA	10275 WINDHORST ROAD	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
AMBR	SCOTT A. JACKSON	10275 WINDHORST ROAD	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
AMBR	GARY LANOUE	10275 WINDHORST ROAD	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
AMBR	CHADWICK WILTON	8125 25TH COURT EAST	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<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

Chadwick Wilton
Typed or printed name of signee

Filing Fee: \$25.00