# M1300001817

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

AUG 1 8 2015

850-205-8842

IAN-CONRAD BERGAN, LLC
------------------------

M13000001817

() Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
(X) LLC	() Annual Report	() Other
Amendment		
	() Name Registration	
(X) Certified Copy	(X) Fictitious Name	<del></del>
Amendment	Registration	() CUS
	() Photocopies	
(x) Walk In		() After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name	<del>v</del>	
Availability	8/17/2015	Order#
Document		9662747
Examiner	KM	
Updater		Ref#:
Verifier		
W.P. Verifier		<u>_</u>
	•	Amount: \$

## **COVER LETTER**

SUBJECT: Ian-Conrad Bergan, 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:  Jamie Martin  Name of Person  Bass Berry & Sims PLC  Firm/Company	TO: Registration Section Division of Corporations	
The enclosed application, certificate and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Jamie Martin  Name of Person  Bass Berry & Sims PLC		Limited Liability Company
Please return all correspondence concerning this matter to the following:  Jamie Martin  Name of Person  Bass Berry & Sims PLC	Dear Sir or Madam:	
Jamie Martin  Name of Person  Bass Berry & Sims PLC	The enclosed application, certificate and fec(s) are	e submitted for filing.
Name of Person  Bass Berry & Sims PLC	Please return all correspondence concerning this	matter to the following:
Bass Berry & Sims PLC	Jamie Martin	·
· · · · · · · · · · · · · · · · · · ·	Name of Person	
Firm/Company	Bass Berry & Sims PLC	·
	Firm/Company	
150 Third Avenue South, Suite 2800 Address		
Nashville, Tennessee 37201  City/State and Zip Code		
jim@tvvcapital.com  E-mail address: (to be used for future annual report notification)		eport notification)
For further information concerning this matter, please call:	For further information concerning this matter, p	lease call:
Jamie Martin at ( 615 ) 259-6524		
Name of Person Area Code & Daytime Telephone Number	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	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for the following amount:  \$\Begin{array}{c} \$25 \text{ Filing Fee} & \Bigcup \$30 \text{ Filing Fee} & \Bigcup \$55 \text{ Filing Fee} & \Bigcup \$60 \text{ Filing Fee}, \\ \text{Certificate of Status & Certified Copy} \end{array}\$  \$CREEOSS (12/14)	□ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status &

#### 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)

	an, LLC
2. The Florida document number o	of this limited liability company is: M13000001817
. Jurisdiction of its organization:	Wyoming
Date authorized to do business	in Florida: March 21, 2013
SECTION II (5-9 complete only	the applicable changes)
5. New name of the limited liability	(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name ado consent of the managers or managing member company," "L.L.C." or "LLC.")	opted for the purpose of transacting business in Floride and attach a copy of the written a substitute substitute and the substitute of th
	t and/or registered office address on our records, enter the name of enew registered office address here:
Name of New Registered Agent:	National Registered Agents, Inc.
New Registered Office Address:	1200 South Pine Island Road  Enter Florida Street Address
	Plantation , Florida 33324  City Zip Code
	e, if changing Registered Agent:
hereby accept the appointment as comply with the provisions of all s duties, and I am familiar with and provided for in Chapter 605, F.S.	s registered agent and agree to act in this capacity. I further agree to actual table to the proper and complete performance of my accept the obligations of my position as registered agent as Or, if this document is being filed to merely reflect a change in the confirm that the limited liability company has been notified in
hereby accept the appointment as comply with the provisions of all s duties, and I am familiar with and provided for in Chapter 605, F.S. ( egistered office address, I hereby	statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as Or, if this document is being filed to merely reflect a change in the confirm that the limited liability company has been notified in
hereby accept the appointment as comply with the provisions of all somply with the provisions of all sometimes, and I am familiar with and provided for in Chapter 605, F.S. (registered office address, I hereby writing of this change.	statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as Or, if this document is being filed to merely reflect a change in the confirm that the limited liability company has been notified in

Fitle/ Capacity	Name	Address	Type of Action
Manager	Andrew W. Byrd, Sr.	201 4th Avenue North, Suite 1250	Add
		Nashville, Tennessee 37219	O Remove
<u>Manager</u>	Kenneth Weaver	201 4th Avenue North, Suite 1250	
		Nashville, Tennessee 37219	Remove
<del></del>	·		C) Add
			Remove
<del></del>			
		•	D Remove
			🗆 Add
			O Remove
aforementi	oned amendment(s), duly authon a under the law of which this enti	re than 90 days old, evidencing the ticated by the official having custody of rity is organized.	ecords in the
	James W. Gaittens, Vi Typed or p	ice President rinted name of signee	2815 SEC
	Rilin	ng Fee: \$25.00	

FILED

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ECRETARY OF STATE
ALLAHASSEE, FLORIDA

;

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IAN-CONRAD BERGAN, 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 FOURTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IAN-CONRAD BERGAN, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5798203 8300

151175577

You may verify this certificate online at cosp. delewers, gov/outhwer, shim!

AUTHENTY CATION: 2647235

DATE: 08-14-15