

M13000002698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

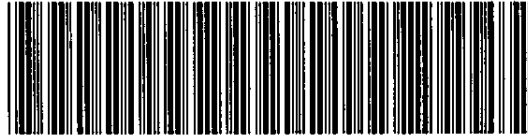
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 22 2015
Y SULKER

Pari-Mutual Solutions, LLC

824 fifth Avenue South #106

Naples, Florida 34102

Phone (239) 687-5830

Fax (239) 331-7937

Please find enclosed the documents to change the Manager of Pari-Mutual Solutions, LLC from Mark A. Cornett to Renee K. Boyce.

If you require any further information please contact Andrea Fuller at 239-687-5830.

Thank you,

A handwritten signature in black ink, appearing to read 'Gillian S. Campbell', with a stylized, cursive script.

Gillian S. Campbell
Authorized Member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pari - Mutual Solutions, 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:

Andrea Fuller
Name of Person

Pari - Mutual Solutions, LLC
Firm/Company

824 5th Avenue South #106
Address

Naples, FL 34102
City/State and Zip Code

Andrea.Fuller@wasburyproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Fuller at (239) 687-5830
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

From: **Andrea Fuller** andrea.fuller@westburyproperties.com
Subject: **Pari~Mutual Change to Manager**
Date: **September 16, 2015 at 1:28 PM**
To: **Gillian Campbell** gillian@ples@gmail.com
Cc: **David N. Sexton** davidnsexton@gmail.com

Good Afternoon Gillian:

Attached I am sending you the documents that require your signatures to remove Mark Cornett from Pari~ Mutual, LLC. They require originals be mailed in along with a \$25.00 check.

Please sign on page 4 where it states signature of authorized representative. Also, please sign the Cover Letter attached and include it with the package.

Once signed by you, the entire package with a check written made payable to **The Florida Department of State** for \$25.00 will need to be sent via fed ex to:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

The fed ex number to use is #3545-6328-2 first overnight delivery.

Best Regards,

Andrea Fuller, Controller

Westbury Services, Inc.
Ph (239) 687-5830
Fax (239) 331-7937

**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: Pari - Mutual Solutions, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS)

824 5th Avenue South #106
Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX)

Pari - Mutual Solutions, LLC
824 5th Avenue South #106
Naples, FL 34102

2. The Florida document number of this limited liability company is: M13000002698

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/29/2013

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: _____

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

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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)(e), indicate that change:

Change Manager from Mark A. Cornett to Renee K. Boyce

Title/Capacity	Name	Address	Type of Action
Mgr.	Renee K. Boyce	101 Royal Cove Dr. Naples, FL 34110	<input checked="" type="checkbox"/> Add
	Mark A. Cornett		<input checked="" type="checkbox"/> Remove
			<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

Gillian S. Campbell

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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