

M13000004415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

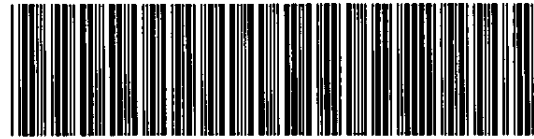
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Sisters Properties 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:

Kimberly L. Mans

Name of Person

Southern Sisters Properties LLC

Firm/Company

64 Sunfish St.

Address

Destin, FL 32541

City/State and Zip Code

kim.mans@cox.net

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

For further information concerning this matter, please call:

Kimberly L. Mans

Name of Person

at (918) 630-6598

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: Southern Sisters Properties LLC

Enter new principal office address, if applicable: 64 Sunfish St.

(Principal office address
MUST BE A STREET ADDRESS)

Destin, FL 32541

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

64 Sunfish St.

Destin, FL 32541

2. The Florida document number of this limited liability company is: M13000004415

3. Jurisdiction of its organization: Oklahoma

4. Date authorized to do business in Florida: 7/12/13

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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DIVISION OF CORPORATIONS

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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.

Kimberly L. Mans
Signature of the authorized representative

Kimberly L. Mans
Typed or printed name of signee

Filing Fee: \$25.00

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DIVISION
CORPORATIONS

FILED - Oklahoma Secretary of State #3512410025 10/24/2016
OKLAHOMA Secretary of State Electronic Filing

Change of Registered Agent and/or Office and/or Principal Office

Document Number 31765010002 Submit Date 10/24/2016

The undersigned manager, for the purpose of changing the resident agent and/or registered office and/or principal office of an Oklahoma limited liability company pursuant to 18 O.S., Section 2010.B., hereby executes the following statement authorizing such change:

The name of the limited liability company is:
SOUTHERN SISTERS PROPERTIES LLC

The name and street address of the resident agent for service of process in the State of Oklahoma is:
HORIZON ATTORNEYS & COUNSELORS AT LAW, PLC
4715 E 91ST STREET 2ND FLOOR
TULSA, OK 74137 USA

The street address of the principal place of business, wherever located:
64 SUNFISH ST.
DESTIN, FL 32541 USA

The date on which the amendment is to be effective, if it is to be effective after the filing date:

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Signature:
KIMBERLY L. MANS

Title:
MANAGER

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