M130000/02

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLORID

35P. 14 2015 BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2015

STEWART RUTLEDGE 1739 UNIVERSITY AVENUE, SUITE 116 OXFORD, MS 38655

SUBJECT: ROSEDALE HOLDINGS, LLC

Ref. Number: M13000006022

We have received your document for ROSEDALE HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 015A00017191

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rosedale Holdings, LLC	
Name of Foreign Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	ne following:
Stewart Rutledge	
Name of Person	
Rosedale Holdings, LLC	
Firm/Company	_
1739 University Avenue, Suite 11	6
Address	
Oxford, MS 38655	2015 SEP 11 A 11: 32 SEGRETARY OF STATE TALLAHASSEE, FLORIDA
City/State and Zip Code	HETA ASS
stewart.rutledge@rosedalecorporation.co	m ETARY O
E-mail address: (to be used for future annual report notified	cation)
	M Cation) EE, FLORIDA
For further information concerning this matter, please call:	A
Stewart Rutledge at (66220282	²²⁶)
Name of Person Area Co	de & 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
	ing Fee & Source Status & Certificate of Status & Certified Copy

CR2E055 (12/14)

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 31 61 4 19 19 6		
	npany as it appears on the records of the Florida Department of	
State: Rosedale Ho	ldings, LLC	
2. The Florida document number of t	this limited liability company is: M1300006022	
3. Jurisdiction of its organization:	afayette County, Mississippi	
4. Date authorized to do business in	Florida: 09/23/2013	
SECTION II (5-9 complete only th	e applicable changes)	
5. New name of the limited liability	company: Rosedale Development, LLC (must contain "Limited Liability Company, " "L,L,C.," or "LLC.")	
(If name unavailable, enter alternate name adopte consent of the managers or managing members a Company," "L.L.C." or "LLC.")	ed for the purpose of transacting business in Florida and attach a copy of the written dopting the alternate name. The alternate name must contain "Limited Liability	
6. If amending the registered agent at the new registered agent and/or the n	nd/or registered office address on our records, enterthe name of	-
Name of New Registered Agent:	THE SECOND	-
New Registered Office Address:	100 South Ashley Drive, Suite 900	
	Tampa Florida 33602	
	City Zip Code W	
comply with the provisions of all stat duties, and I am familiar with and ac provided for in Chapter 605, F.S. Or	f changing Registered Agent: egistered agent and agree to act in this capacity. I further agree to tutes relative to the proper and complete performance of my except the obligations of my position as registered agent as to, if this document is being filed to merely reflect a change in the confirm that the limited liability company has been notified in	
7. If the amendment changes the juri	If Changing Registered Agent, Signature of New Registered Agent isdiction of organization, indicate new jurisdiction:	

itle/ Capacity	<u>Name</u>	Address	Type of Action
			Remove
			□ Remove
			□ Add
			□ Remove
			20th SEP SECRETALIAHA
		_	ARY DARY
			F S ATE FLORIDA
aforementioned:		more than 90 days old, evidencing the thenticated by the official having cust entity is organized.	ne
	5	ture of the authorized representative	

Filing Fee: \$25.00

3386581

Business ID: 1025386 Date Filed: 08/18/2014 08:00 AM C. Delbert Hosemann, Jr. Secretary of State

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Certificate of Amendment



The undersigned corporation, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following Certificate of Amendment and sets forth:

1. Name of the Limited Liability Company Rosedale Holdings, LLC 2. The future effective date is (Complete if applicable) 3. The amendment to the certificate is as follows Change the LLC name from Rosedale Holdings, LLC to Rosedale Development, LLC. (Please keep writing within blocks) By: Signature Title Printed Name Managing Stewart Rutledge Member Street and Mailing Address **Physical** 1739 University Avenue, Suite 116 Address P.O. Box Oxford MS 38655 _ City, State, ZIP5, ZIP4

3386581

F0101 - Page 2 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333



Certificate of Amendment

By: Signature		(Please keep writing within blocks)		
Printed Name		Title		
Street and Mailing Address				
Physical Address				
P.O. Box				
City, State, ZIP5, ZIP4		-		