

Division of Corporations

Page 1 of 1

M14 000001420

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000312194 3)))



H160003121943ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*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  
D4 LLC OF NEW YORK

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

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 22 2016

Y SULKER

RECEIVED  
2016 DEC 21 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
16 DEC 21 AM 9:47  
TALLAHASSEE, FLORIDA

**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: D4 LLC OF NEW YORK

Enter new principal office address, if applicable:

(Principal office address)  
MUST BE A STREET ADDRESS

222 Andrews St., Rochester, NY 14604

Enter new mailing address, if applicable:

(Mailing address)  
MAY BE A POST OFFICE BOX

10151 Deerwood Park Blvd Building 200, Suite 400

Jacksonville, Florida 32256

2. The Florida document number of this limited liability company is: M14000001420

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: 02/28/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation, Florida 33324

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.*

**Peter Trawinski**  
**Assistant Secretary**

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)(e), indicate that change:

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

Gerald Robinson  
Signature of the authorized representative

Gerald Robinson  
Typed or printed name of signee

Filing Fee: \$25.00

Todd King	MGR	1301 Riverplace Blvd., Ste. 1200, Jacksonville, FL 32207
Gregory D. Holland	MGR	1301 Riverplace Blvd., Ste. 1200, Jacksonville, FL 32207
Robert P. Crouch	MGR	1301 Riverplace Blvd., Ste. 1200, Jacksonville, FL 32207
Jason Strubhar	MGR Treasurer	10151 Deerwood Park Blvd Building 200, Suite 400, Jacksonville, Florida 32256
Gerald Robinson	MGR	10151 Deerwood Park Blvd, Building 200, Suite 400, Jacksonville, Florida 32256
Laurie Chamberlin	MGR	1400 I St NW, STE 325 Washington, DC 20005-6523
SPECIAL COUNSEL, INC.	MEMBER	10151 Deerwood Park Blvd, Building 200, Suite 400 Jacksonville, Florida 32256

FILED  
16 DEC 21 AM 9:48  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA