## M1400002161

(Requ	estor's Name)	· · · · · · · · · · · · · · · · · · ·
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	ne)
(Docu	iment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



300261380053

06/20/14--01002--003 \*\*25.00

## **COVER LETTER**

Division of Corporations					
SUBJECT: All About Sole LLC Name of Foreign Limited Liabil	ity 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 fo	ollowing:				
Chris Kirley Name of Person					
All About Sole LLC DRA Flip Flor	shops				
6937 Wordfield Auc Address					
Sykesulle, MD 31784 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Chris Kirley at (443) Name of Person Area Code &	<u>536 - 6073</u> & 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				
Epclosed is a check for the following amount:  2 \$25 Filing Fee \$25 Stiling Fee & Certificate of Status  CR2E055 (12/13)  \$25 Filing Fee & Certified C	——————————————————————————————————————				
with the state of					

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-3 must be completed)

١.	Name of limited liability Company as it appears on the records of the Florida De State: ALL ABOUT SOLE, LLC	partmen	t of			
2.	Jurisdiction of its organization: MARYLAND					
3.	Date authorized to do business in Florida: March 25, 2014		<del></del>			
SI	ECTION II (4-7 complete only the applicable changes)					
4.	New name of the limited liability company: (must contain "Limited Liability Company," "I	.L.C" or	"LLC.")			
Flo the	name unavailable, enter alternate name adopted for the purpose of transacting by orida and attach a copy of the written consent of the managers or managing member alternate name. The alternate name must contain "Limited Liability Company," "LLC.")	ers adoj	oting			
5.	5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:					
6.	If the amendment changes person, title or capacity in accordance with 605.0902 that change: name, title and address of person who has authority to manage has been changed to:	(1)(e), ir	ndicate			
С	hristopher B. Kirley, Manager; 1915 Banks Street, Baltimore,	MD 21	231			
7.	Attached is an original certificate, if required: no more than 90 days old, evidence aforementioned amendment(s), duly authenticated by the official having custody jurisdiction under the law of which this entity is organized.	of reco				
	Signature of the authorized representative					
	Christopher B. Kirley, Manager		14. IIIV 20			
	Typed or printed name of signee	,				
	Filing Fee: \$25.00		्र ? स्य			