

# M14 000005612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

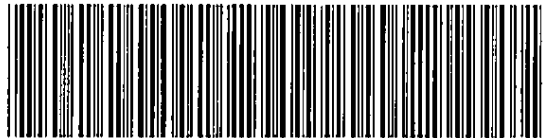
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 FEB 20 AM 8:43

SECTION OF STATE  
TALLAHASSEE, FLORIDA

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2023 NOV 29 AM 11:18

SECTION OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 326142 8108250

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : February 20, 2024

ORDER TIME : 2:36 PM

ORDER NO. : 326142-005

CUSTOMER NO: 8108250  
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FOREIGN FILINGS

NAME: PEARCE SERVICES, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX \_\_\_\_ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pearce Services, 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:

Jennifer Hatfield

Name of Person

Pearce Services, LLC

Firm/Company

1222 Vine Street, Suite 301

Address

Paso Robles, CA 93446

City/State and Zip Code

corpadmin@pearce-services.com

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

For further information concerning this matter, please call:

Corporate Administration

Name of Person

at ( 805 ) 467-2528

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2023

RESUBMIT

CSC

SUBJECT: PEARCE SERVICES, LLC  
Ref. Number: M14000005612

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

The amendment states to Remove Matthew Gillette as Secretary. He is currently listed as a Member only. Please verify.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 623A00027319

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**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: Pearce Services, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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2. The Florida document number of this limited liability company is: M14000005612

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/05/2014

**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

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>
<u>Member</u>	<u>Matthew Gillette</u>	<u>1222 Vine Street, Suite 301</u>	<input type="checkbox"/> Add
		<u>Paso Robles, CA 93446</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Jeffrey Ansley</u>	<u>1222 Vine Street, Suite 301</u>	<input checked="" type="checkbox"/> Add
		<u>Paso Robles, CA 93446</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Edward Wolpert</u>	<u>1222 Vine Street, Suite 301</u>	<input checked="" type="checkbox"/> Add
		<u>Paso Robles, CA 93446</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Michael Wolf</u>	<u>1222 Vine Street, Ste 301</u>	<input checked="" type="checkbox"/> Add
		<u>Paso Robles CA 93446</u>	<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.

Kristin Osborn  
Signature of the authorized representative

Kristin Osborn, Chief Financial Officer

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

2024 FEB 20 AM 8:43

FILED