

M1400000 6273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JAN 31 AM 10:26  
FILED  
JAN 31 2024  
JAN 31 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sleepy P Ranch 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:

John P. Tufnell

\_\_\_\_\_  
Name of Person

Roberts, Cunningham & Stripling, L.L.P.

\_\_\_\_\_  
Firm/Company

13155 Noel Road, Suite 900

\_\_\_\_\_  
Address

Dallas, Texas 75240

\_\_\_\_\_  
City/State and Zip Code

jtufnell@gmail.com

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

For further information concerning this matter, please call:

John P. Tufnell

at ( 214 ) 750-3358

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

2026 JAN 31 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FL  
60500000

**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: Sleepy P Ranch LLC

Enter new principal office address, if applicable: 9314 Forest Hill Boulevard, Suite 672

(Principal office address

MUST BE A STREET ADDRESS)

Wellington, FL 33411

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

9314 Forest Hill Boulevard, Suite 672

Wellington, FL 33411

2. The Florida document number of this limited liability company is: M14000006273

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: August 25, 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.*

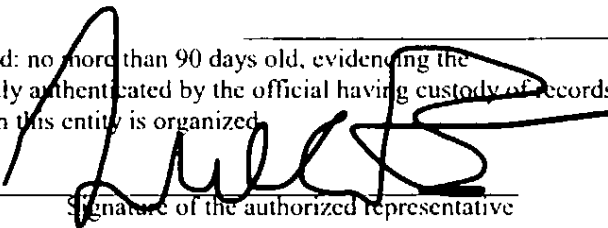
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Suzanne T Porter	13831 Quarterhorse Trail	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
MBR	Barry G Porter	13831 Quarterhorse Trail	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
MGR	Lucas T. Porter	9314 Forest Hill Boulevard, Suite 672	<input checked="" type="checkbox"/> Add
		Wellington, FL 33411	<input checked="" type="checkbox"/> Remove
MGR	Wilton J. Porter	9314 Forest Hill Boulevard, Suite 672	<input checked="" type="checkbox"/> Add
		Wellington, FL 33411	<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

  
Signature of the authorized representative

Lucas T. Porter, Manager

Typed or printed name of signee