

2/28/2020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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
BARTACO DR. PHILLIPS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2020 MAR -2 AM 11:02

STATE OF FLORIDA
TALLAHASSEE

2020 MAR -2 PM 2:45

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MAR 03 2020

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: BARTACO DR. PHILLIPS, 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)

2. The Florida document number of this limited liability company is: M14000007409

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/10/2014

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:

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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:

Scott Lawton and Matthew Wilber will be replacing the current listed officers of the same positions.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager/ President	Scott Rice Lawton	1101 N. Union Bower, Ste 160	<input checked="" type="checkbox"/> Add
		Irving, Texas 75061	<input type="checkbox"/> Remove
CFO	Matthew Allen Wilber	1101 N. Union Bower, Ste 160	<input checked="" type="checkbox"/> Add
		Irving, Texas 75061	<input type="checkbox"/> Remove
Secretary	William Stanton Martens, III	1101 N. Union Bower, Ste 160	<input checked="" type="checkbox"/> Add
		Irving, Texas 75061	<input type="checkbox"/> Remove
President	Norman J. Abdallah	22 ELIZABETH STREET	<input type="checkbox"/> Add
		NORWALK, CT 06854	<input checked="" type="checkbox"/> Remove
Treasurer	Neil H. Thomson	22 ELIZABETH STREET	<input type="checkbox"/> Add
		NORWALK, CT 06854	<input checked="" 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

Kevin Duteau, Attorney-in-Fact

Typed or printed name of signer

Filing Fee: \$25.00

BARTACO DR. PHILLIPS, LLC
Attachment to Amendment
Additional Officer to Remove

Officer:

Name and Title

Address

Yuming Huang, Asst. Controller -

22 ELIZABETH STREET, NORWALK, CT 06854