

M15000007155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

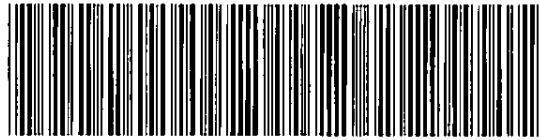
(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT

AL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2024

DONNA KEMPER
35246 US HWY 19. N #196
PALM HARBOR, FL 34684 US

SUBJECT: PROXITY ELECTRONIC COMMERCE SYSTEMS, LLC
Ref. Number: M15000007155

We have received your document for PROXITY ELECTRONIC COMMERCE SYSTEMS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jalesa S Dennis
Regulatory Specialist II Supervisor

Letter Number: 624A00003986

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROXITY ELECTRONIC COMMERCE SYSTEMS, 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:

DONNA KEMPER

Name of Person

PROXITY ELECTRONIC COMMERCE, LLC

Firm/Company

35246 US HWY 19 N #196

Address

PALM HARBOR, FL 34684

City/State and Zip Code

DONNAK@PROXITY-EC.COM

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

For further information concerning this matter, please call:

BARRY NELSEN

at (757) 777-6112

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

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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: PROXITY ELECTRONIC COMMERCE SYSTEMS, 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: M15000007155

3. Jurisdiction of its organization: OKLAHOMA

4. Date authorized to do business in Florida: SEPTEMBER 9, 2015

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

5. New name of the limited liability company: PROXITY ELECTRONIC COMMERCE, LLC
(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: Donna Kemper

New Registered Office Address: 22 DEERPATH CT

Enter Florida Street Address

OLDSMAR

Florida 34677

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.

Donna Kemper

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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STATE OF IOWA
JAN 18 2024

- 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.

Donna Kemper
Signature of the authorized representative

DONNA KEMPER

Typed or printed name of signee

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on , by which amended the corporate name to:

PROXITY ELECTRONIC COMMERCE, LLC



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 5th, day of February, 2024.

A handwritten signature in black ink, appearing to read "Julia G. [unclear]", is written over a horizontal line.

Secretary Of State

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

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A handwritten signature in black ink, appearing to read "Josh Cady".

Secretary Of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2024

DONNA KEMPER
35246 US HWY 19 N #196
PALM HARBOR, FL 34684

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 224A00009761



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2024

DONNA KEMPER
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PALM HARBOR, FL 34684

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