

MIP ~~000000~~ 828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEC 13 2016

S. YOUNG

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 DEC 12 PM 4:19

December 9, 2016

Florida Department of State
Division of Corporations
Registration Section

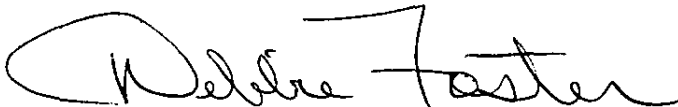
To Whom It May Concern,

Enclosed please find a completed Amendment reflecting a change of domicile and registered agent for Promise Properties, LLC a Florida Foreign Limited Liability Company, Document No. M16000000828.

Also, please find a check in the amount of \$30.00 for the filing fee and a Certificate of Status. Please mail the Certificate of Status to:

Debbie Foster
520 Old Grove Dr.
Lutz, FL 33548

Regards,

A handwritten signature in black ink that reads "Debbie Foster". The signature is fluid and cursive, with the first name "Debbie" and last name "Foster" clearly legible.

Debbie Foster
813-760-4043

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 12 PM 4:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Promise Properties 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:

Debra H Foster

Name of Person

Promise Properties LLC

Firm/Company

520 Old Grove Drive

Address

Lutz, FL 33548

City/State and Zip Code

fordeb@verizon.net

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

For further information concerning this matter, please call:

Debra H Foster at (813) 760-4043

Name of Person

Area Code & 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

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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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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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: Promise Properties LLC

Enter new principal office address, if applicable: 1712 Pioneer Avenue

(Principal office address

MUST BE A STREET ADDRESS)

Suite 500

Cheyenne, WY 82001

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1712 Pioneer Avenue

Suite 500

Cheyenne, WY 82001

2. The Florida document number of this limited liability company is: M16000000828

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 1-27-16

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: InCorp Services, Inc.

New Registered Office Address: 17888 67th Court North

Enter Florida Street Address

Loxahatchee

City

Florida 33470

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.

Kathy Shin

on behalf of InCorp Services, Inc.

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:

Wyoming

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 |
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
DEC 12 PM 4:20

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.

Debra H. Foster
Signature of the authorized representative

Debra H Foster

Typed or printed name of signee

Filing Fee: \$25.00