M16000003159

# 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 : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:**

RECEIVED
2016 APR 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## FOUNDRY CREWS OWNER, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | $55.00 |

FILED
16 APR 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 19 2016
N. GAUDSEAUX

Electronic Filing Menu Corporate Filing Menu Help

# 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: FOUNDRY CREWS OWNER, 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

2. The Florida document number of this limited liability company is: M16000003154

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: APRIL 15, 2016

**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*

*City*, Florida *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)(a), indicate that change:

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| PRESIDENT | PRYSE KLAM | 420 S. ORANGE AVENUE, #950 ORLANDO, FLORIDA 32801 | ☒ Add |
| | | | ☐ Remove |
| VICE PRESIDENT | PAUL E. ELLIS | 420 S. ORANGE AVENUE, #950 ORLANDO, FLORIDA 32801 | ☒ Add |
| | | | ☐ Remove |
| VICE PRESIDENT | SCOTT RENAUD | 420 S. ORANGE AVENUE, #950 ORLANDO, FLORIDA 32801 | ☒ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ 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

Joaquin E. Martinez

Typed or printed name of signee

Filing Fee: $25.00

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