

MIL 0000 04933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

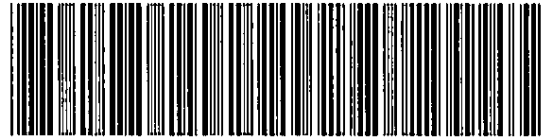
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305079713

10/30/17--01016--002 **25.00

FILED
17 OCT 30 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centurion Holdings I, 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:

Melonie Williams

Name of Person

Willham Accounting LLC

Firm/Company

PO Box 7832

Address

Wesley Chapel, FL 33545

City/State and Zip Code

mwilliams@ceturiontech.com

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

For further information concerning this matter, please call:

Melonie Williams at (813) 355-4802
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

**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: Centurion Holdings I, LLC

Enter new principal office address, if applicable:

324 N Dale Mabry Hwy

Ste 101

(Principal office address

MUST BE A STREET ADDRESS)

Tampa, FL 33609

Enter new mailing address, if applicable:

324 N Dale Mabry Hwy

Ste 101

(Mailing address

MAY BE A POST OFFICE BOX)

Tampa, FL 33609

2. The Florida document number of this limited liability company is: M16000004933

3. Jurisdiction of its organization: MO

4. Date authorized to do business in Florida: 06/20/2016

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: Melanie Williams

New Registered Office Address: 324 N Dale Mabry Hwy, Ste 101

Enter Florida Street Address

Tampa

Florida

33609

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.

Melanie Williams
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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEOP</u>	<u>Peter Spezza</u>	<u>324 N Dale Mabry Hwy, Ste 101</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Melonie Williams</u>	<u>324 N Dale Mabry Hwy Ste 101</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Ben Manheimer III</u>	<u>324 N Dale Mabry Hwy Ste 101</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>John Modica</u>	<u>324 N Dale Mabry Hwy Ste 101</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<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.

Melonie Williams
Signature of the authorized representative

Melonie Williams

Typed or printed name of signee

Filing Fee: \$25.00