

M16000006456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

SEP 13 2015

J. BRUCE

M. Meredith Kirste, P.A.

ATTORNEY AT LAW

7928 U.S. Highway 441, Suite 3
LEESBURG, FL 34788-8206

M. MEREDITH KIRSTE

TELEPHONE
(352) 326-3455

FAX
(352) 365-0055

September 6, 2016

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for SPOTSHARE, LLC

To Whom It May Concern:

Enclosed please find a cover letter, Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for SPOTSHARE, LLC, and a check for \$25.00 made out to Florida Department of State for filing of the Application.

If you have any questions regarding this matter, please contact me.

Sincerely,



Elizabeth Mueller
Secretary to M. Meredith Kirste

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOTSHARE, 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:

BETH MUELLER

Name of Person

M. MEREDITH KIRSTE, P.A.

Firm/Company

7928 U.S. HIGHWAY 441, SUITE 3

Address

LEESBURG, FL 34788

City/State and Zip Code

spotshare@gmail.com

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

For further information concerning this matter, please call:

Beth Mueller

Name of Person

at (352) 326-3455

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

STATE OF FLORIDA
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: SPOTSHARE, LLC

Enter new principal office address, if applicable: 4602 County Road 673

(Principal office address

MUST BE A STREET ADDRESS)

#600

Bushnell, FL 33513

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

106 Rainbow Drive

#600

Livingston, TX 77399-1006

2. The Florida document number of this limited liability company is: M16000006456

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: August 15, 2016 but need to change date of first transacting business to May 9, 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

_____, **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

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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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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.

Craig Arnold

Signature of the authorized representative

Craig Arnold

Typed or printed name of signee

Filing Fee: \$25.00