Division of Corporations

https://efile.sunbiz.org/scripts/efilcnvr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

1

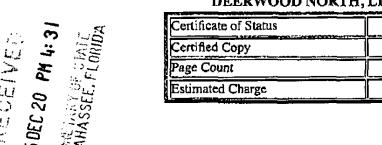
04 \$55.00

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Two: 1	Address:				
CRITICAL	WORT GOD!	 		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEERWOOD NORTH, LLC



Electronic Filing Menu

Corporate Filing Menu

Help

6 DEC 20 AM 9: 39 Sign of calls of the

16 DEC 20 AH 9: 39

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Deerwood North, LLC		oility Compa	inv
-		in, comp	,
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are	submitted	for filing.	
Please return all correspondence concerning this n	natier to the	following:	
Nicole Connor		_	
Name of Person		_	•
Corporate Creations Network	t, Inc.		·
Pirm/Company		-	
11380 Prosperity Farms Rd #	#221E		·
Address			
PALM BEACH GARDENS, FL	_ 33410)	
City/State and Zip Code		-	
tpgentityservices@maplesfs. E-mail address: (to be used for future annual re		ition)	
For further information concerning this matter, ple	ease call:		
	904	, 665-	1707
Name of Person	Area Cod		e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registre Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$\sum \text{S30 Filing Fee & Certificate of Status}\$ CR2E055 (9/15)	\$55 Fili Certifie	ing Fee & ed 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 Plorida Department of		
Stote: Deerwood North, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)		
2. The Florida document number of this limited liability company is: M16000007348		
3. Jurisdiction of its organization: Delaware	3 6	
3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 09/15/2016	ESCH CONTRACTOR	N TANKS AND
SECTION II (5-9 complete only the applicable changes)	13.20	ì
5. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")	16 DEC 20 AM 9: 39	ロ
(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 namest contain "Limited Liability Company," "L.L.C." or "LLC.")	me 39	
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 Florids 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 verthe 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 603, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limit liability company has been notified in writing of this change.	h	

itle/ Capacity	Name	Address	Type of Action
Mbr	Michael LaGatta	301 Commerce St., Ste. 3	3300 DAdd
		Fort Worth, TX 761	102 Remove
Mbr	Victor Hughes	4800 Touchton Rd. East, Building 100, Su	ile 501 Add
		Jacksonville, FL 322	246 Remove
			Remove 5
			Add \$\frac{1}{2} \cdot \frac{1}{2} \cdot
			Remove 13104 of 13104 s
			Remove
aforemention	certificate, if required; no more than 90 sed amendment(s), duly authenticated by inder the law of which this entity is organ	the official having custody of records in the	he
•	Signature of	the authorized representative	:
•	Victor Hughes		