

M16 000007852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

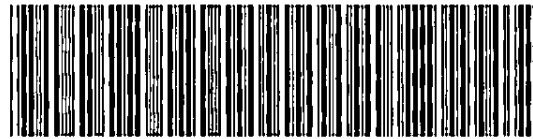
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600345424926

06/08/20--01028--017 **25.00

FILED
2020 JUN - 8 AM 6:41
600345424926
ATTN: SEC. 971

JUN 23 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Examination Resources, 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:

Rebecca Belanger

Name of Person

Examination Resources, LLC

Firm/Company

20 10th Street NW, Suite 803

Address

Atlanta, GA 30309

City/State and Zip Code

debharden@examresources.net

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

For further information concerning this matter, please call:

Deborah Harden

Name of Person

at (352) 613-4734

Area Code & Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Georgia

Enter new principal office address, if applicable:

20 10th Street NW

Suite 803

Atlanta, GA 30309

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

20 10th Street NW

Suite 803

Atlanta, GA 30309

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000007852

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 10/03/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

N/A

Florida

N/A

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 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 amendment 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

If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

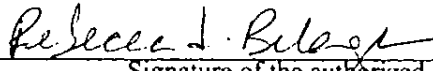
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

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

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

Rebecca J. Belanger

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Amended Annual Registration

Electronically Filed

Secretary of State

Filing Date: 6/2/2020 2:44:57 PM

BUSINESS INFORMATION

BUSINESS NAME : EXAMINATION RESOURCES, LLC
CONTROL NUMBER : 0330285
BUSINESS TYPE : Domestic Limited Liability Company
FILING TYPE : Amended Annual Registration

CURRENT INFORMATION ON FILE FOR PRINCIPAL ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 3475 Piedmont Road, Suite 410, ATLANTA, GA, 30305, USA
REGISTERED AGENT NAME : REBECCA J. BELANGER
REGISTERED OFFICE ADDRESS : 4086 VININGS MILL TRAIL, SMYRNA, GA, 30080, USA
REGISTERED OFFICE COUNTY : Cobb

CHANGES TO THE ABOVE CURRENT INFORMATION ARE INDICATED BELOW

PRINCIPAL OFFICE ADDRESS : 20 10th Street NW, Suite 803, Atlanta, GA, 30309, USA
REGISTERED AGENT NAME : REBECCA J. BELANGER
REGISTERED OFFICE ADDRESS : 4086 VININGS MILL TRAIL, SMYRNA, GA, 30080, USA
REGISTERED OFFICE COUNTY : Cobb

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Rebecca J. Belanger
AUTHORIZER TITLE : Manager