M17000000571

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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HARRIS ANT HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Northington Orlar		
Name of Foreig	n Limited Liability Co	ompany
Dear Sir or Madam:		
The enclosed application, certificate and fee(s)	are submitted for filir	ıg.
Please return all correspondence concerning this	is matter to the follow	ing:
John Schaffer		·
Name of Person		
ContraVest Development F	Partners	
Firm/Company		
237 S Westmonte Drive	# 140	
Address		
Altamonte Springs, FL 3	2714	
City/State and Zip Code	e	
bmcallister@contravest.	com	
E-mail address: (to be used for future annual		
For further information concerning this matter,	•	0000
John Schaffer	_ _{at (} 407) 33	33-0066
Name of Person	Area Code & Da	ytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
Enclosed is a check for the following amoun \$\begin{align*} \$25\$ Filing Fee & & Certificate of Status	t: \$55 Filing Fee Certified Copy	=

CR2E055 (9/15)

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	s on the records of the Florida De	epartment of
State: Northington Orlando Investo	ors, LLC	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 7 7
2. The Florida document number of this limited lia	bility company is: M170000	00571 3
3. Jurisdiction of its organization: Florida		
4. Date authorized to do business in Florida: 01/	20/2017	# 9: 2)
SECTION 11 (5-9 complete only the applicable of		/ 1
5. New name of the limited liability company: (mus	t contain "Limited Liability Com	pany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the alt	isiness in Florida and attach a ernate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records. ddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	
	Enter Florida	Street Address
	City [,]	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper	gistered Agent: nt and agree to act in this capaci	ty. I further agree to comply with

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.

and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this

le/ Capacity	<u>Name</u>	Address	Type of Action	
)	Mark Ogier	237 S. Westmonte Drive # 140	■Add	
		Altamonte Springs, FL 327	14 Remov	
/P	Steve Ogier	237 S. Westmonte Drive # 140	■Add	
		Altamonte Spring, FL 3271	4 Remov	
VP John Schaffer	237 S Westmonte Drive # 140	Add		
		Altamonte Springs, FL 327	14 Remov	
			Add	
			Remove	
			Add	
aforementio	a certificate, if required: no more than 9 ned amendment(s), duly authenticated bunder the law of which this entity is ore	by the official having custody of records in the	TREMOV	

Filing Fee: \$25.00

Typed or printed name of signee