M 1700000 3367

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #	7)			
PICK-UP WAIT	MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies Certificates o	f Status			
Special Instructions to Filing Officer:				
	- 3			

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05/06/21--01025--003 **25.00

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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)

Name of limited liability Company as it appears on the records of the Florida Department of State: MidWeSt Pssets Poperation, LLC.
Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
The Florida document number of this limited liability company is:
. Jurisdiction of its organization: Florida
ECTION II (5-9 complete only the applicable changes)
. 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 opy of the written consent of the managers or managing members adopting the alternate name. The alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")
. If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Jame of New Registered Agent: Jack Ezzell
New Registered Office Address: Enter Florida Street Address
, Florida
City Storida Zip Code
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with nd accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this locument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lability company has been notified in writing of this change.
If Changing Registered Agent, Signature of New Registered Agent
in omnigning registered regent, pregnance or treat registered regent

fitle/ Capacity	<u>Name</u>	Address Address	Type of Action
<u>fo</u> J	ark Ezzell	4100 Legendary Dr. Ste 200 Dostin, FL 32541	Add
			□Remo
			□Add
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·		TAL CANASSI L FLORI	2021 MAY -6 PM 4: 0 Add
			Add ☐Remo
			□Add
aforementioned	r the law of which this entity is	ted by the official having custody of records in th	□Remo e

Filing Fee: \$25.00