

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status JUL 1 7 2023			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Tertified Copies Certificates of Status Special Instructions to Filing Officer:	(Reque	stor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Addre	55)	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Addre	ss)	<u>.</u>
(Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:	(City/S	tate/Zip/Phone #)	
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer: J DENNIS	PICK-UP	☐ WAIT	MAIL
ertified Copies Certificates of Status Special Instructions to Filing Officer: J DENNIS	(Busine	ess Entity Name)	
Special Instructions to Filing Officer: J DENNIS	(Docur	ment Number)	
J DENNIS	ertified Copies	Certificates of	Status
	Special Instructions to Filing (Officer:	
JUL 1 7 2023		J DENN	S
		JUL 1 7 20	23

Office Use Only



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TORETARY OF STALE OF



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 State: PADDOCK LOUNGE, LLC	on the records of the Florida D	epartment of
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address		2029 J.
MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	bility company is: M170000038	
Jurisdiction of its organization: California		9: 39
4. Date authorized to do business in Florida: 05/05		
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: (must	t contain "Limited Liability Con	npany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the a	ousiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our record	s, enter the name of the new
Name of New Registered Agent:	<u>. </u>	
New Registered Office Address:	Enter Floria	a Street Address
	23/110/110/110	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capa and complete performance of t tered agent as provided for in C in the registered office address	hy auries, and ran familia with Thanter 605. F.S. Or. if this
IfC	Changing Registered Agent, Sig	nature of New Registered Agent

. If the amend	ment changes person, title or capacity i	n accordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
4GR	David Danglard		□Add
			⊠ Remo
MGR	Susan Danglard		□Add
			⊠Remo
MGR	James D'Ambrosio	501 W. Broadway, Suite 960	Ndd
		San Diego, CA 92101	□Rem
			□Add
			□Rem
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforementic	a certificate, if required: no more than oned amendment(s), duly authenticated under the law of which this entity is o	d by the official having custody of records in the	□Rem

Filing Fee: \$25.00