

M17000003887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

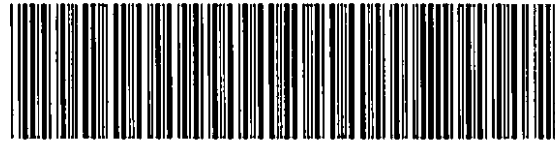
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS

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JUL 21 2017

**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: Sonoqui 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)

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

M17000003887

3. Jurisdiction of its organization: _____

TX

4. Date authorized to do business in Florida: _____

5/5/2017

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

5. 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 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: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

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 the 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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17 JUL 19 PM 1:55
DIVISION OF CORPORATIONS

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

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


Title/ CapacityNameAddressType of Action

MBR

Rae Gibson

1100 SW Saint Lucie West Blvd Ste 103

☐ Add

 Change

Port St Lucie, FL 34986

☐ Remove

MBR

Robert Palermo

1100 SW Saint Lucie West Blvd Ste 103

☐ Add

Port St Lucie, FL 34986

☐ Remove

AMBR

Brad Sperling

1100 SW Saint Lucie West Blvd Ste 103

 Add

Port St Lucie, FL 34986

☐ Remove☐ Add☐ Remove

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9. 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

Rae Gibson

Typed or printed name of signee

Filing Fee: \$25.00