

M17000003968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

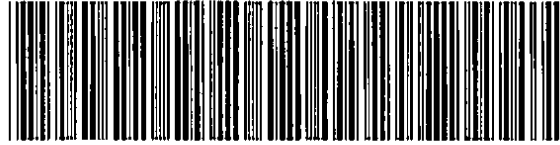
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
17 AUG -7 PM 3:25
CLERK OF SUPERIOR COURT
JANUARY 1, 2017
JANUARY 1, 2017
JANUARY 1, 2017

S. WARREN

AUG 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2017

CLIVE D. THOMPSON
13750 WEST COLONIAL DRIVE 350-103
WINTER GARDEN, FL 34787

SUBJECT: JUST BEDS, LLC.
Ref. Number: M17000003968

We have received your document for JUST BEDS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00014747

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Beds, 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:

Clive D. Thompson
Name of Person

Just Beds LLC
Firm/Company

13750 West Colonial Drive #350-103
Address

Winter Garden, FL 34787
City/State and Zip Code

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

For further information concerning this matter, please call:

Debra Thompson at (351) 733-1345
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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:

Just Beds LLC

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

747 West Church Street
Orlando, FL 32805
321-732-1345

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

13750 West Colonial Dr #350-103
Winter Garden, FL 34787
321-732-1345

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

117000003968

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

May 1st, 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:

Clive D. Thompson

New Registered Office Address:

13750 West Colonial Drive #350-103

Enter Florida Street Address

Winter Garden

Florida

34787

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.

Clive D. Thompson

If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

Change of Name of Owner

Title/ Capacity

Name

Address

Type of Action

Joanne Thompson 13750 W Colonial Dr #350-103
☐ Add

Winter Garden, FL 34787
☒ Remove

☐ Add

☐ Remove

MGR

Clive D. Thompson 13750 W Colonial Dr #350-103
☒ Add

Winter Garden, FL 34787
☐ Remove

MGR

Debra Thompson 13750 W Colonial Dr #34787
☒ Add

Winter Garden, FL 34787
☐ Remove

☐ Add

☐ Remove

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.

Clive D. Thompson / Debra Thompson
Signature of the authorized representative

Clive D. Thompson / Debra Thompson
Typed or printed name of signee

FILED
17 AUG -7 PM 3:25
CLERK OF THE COURT
STATE OF FLORIDA

Filing Fee: \$25.00