## M17000003968

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fust Bods 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:
Clius: D. Thompson Name of Person
Just Beds L.L.C. Firm/Company
Maddress Address
Orlando Fl. 39805 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () 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 \$\sum \\$30 Filing Fee & \$\sum \\$55 Filing Fee & \$\sum \\$certificate of Status \$\sum \\$Certified Copy \$\sum \\$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  State:	
Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	747 W. Church St Orlando, Fl. 32505
Enter new mailing address, if applicable: ( <u>Mailing address</u> MAY BE A POST OFFICE BOX)	747 W Church St Odando, Fl. 30805
2. The Florida document number of this limited liab	pility company is: MITECCCO 3968
3. Jurisdiction of its organization:	
4. Date authorized to do business in Florida:	Milay 4th, 2017
SECTION II (5-9 complete only the applicable c  5. New name of the limited liability company: (must	contain "Limited Liability Company," "L.L.C.," or "LLC.")
<ol><li>If amending the registered agent and/or registered registered agent and/or the new registered office ad</li></ol>	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:  New Registered Office Address:	Enter Florida Street Address  City  Florida  Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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.

7. If the amendment changes the jurisdiction of organiza	ation, indicate new jurisdiction:
8. If the amendment changes person, title or capacity in ac	
Title/ Capacity Name	Address Type of Action
MBR Clive D. Thompso	W. 747 W. Church Strong
	<u>CHando, FT. 32805</u>
MGR Deboa Thempson	THILD Church St Knod
	Orlando, Fl. 32805
	ZOIO AUG 16 SECRETARY TALLAHAS
Come Clive D. Thomps	
<b>,</b>	Winter Garden, Fl. XRemove
Manager Dobra Thompson	13750 W Colonial D.#350-103
	White Garden, Fl. Remove
<ol> <li>Attached is a certificate, if required: no more than 90 aforementioned amendment(s), duly authenticated by jurisdiction under the law of which this entity is organ</li> </ol>	days old, evidencing the the official having custody of records in the
	the authorized representative
Typed or prin	ted name of signee

Filing Fee: \$25.00