## M17000005865

(Re	questor's Name)	)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		10/7/21 Tm





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# FLORIDA DEPARTMENT OF STATE Division of Corporations WAY STE 140A AMERICAN

July 22, 2021

JAN CUMMINGS 2900 LONE OAK PARKWAY STE 140A EAGAN, MN 55121

SUBJECT: FLORIDA TAMPA HOLDINGS II, LLC

Ref. Number: M1700005865

We have received your document-for-FLORIDA-TAMPA-HOLDINGS II, LLC and your check(s)-totaling \$60.00. 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) 245-6050.

Tekayla T Matthews OPS

Letter Number: 121A00017108

#### **COVER LETTER**

	egistration ivision of C	Section Corporations			·
SUBJEC	T:	Florida Tampa Holdings Name of Forcig	II, LLC in Limited Liab	ility Con	npany
Dear Sir o	or Madam:				
The enclo	sed applica	tion, certificate and fee(s)	are submitted	for filing	
		espondence concerning th			
	Jan Cumn	nings		_	
		Name of Person			•
Go	pher Resc	ource, LLC			
<del></del>		Firm/Company		_	
29	00.Lane O	ak Parkway, Suite 140A Address		_	
	Eagan, MI	N 55121		_	
		City/State and Zip Cod	e		
	_	s@gopherresource.com  be used for future annua	l report notifica	ation)	· ·
For furthe	r informati	on concerning this matter,	please call:		
Jan Cı	ımmings		at ( 651	_)40	5-2238
	Name	e of Person	Area Code	& Dayt	ime Telephone Number
Re Di P.	egistration vision of O. Box 632 allahassee,	Section Corporations 27		Division The Co 2415 N	ddress: ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303
Er □\$25 Fili CR2E055 (9/	ng Fee	check for the following \$30 Filing Fee & Certificate of Status	amount:  \$55 Filing Certified		☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CHECHIO (3)	10)				\$60 paid previously)

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

21 AUG 30 PH 3: 05

#### SECTION I (1-4 must be completed)

1. Name of limited liability Comp	any as it appears on the records of the F	lorida Department of
State: FLORIDA TAM	MPA HOLDINGS II, LLC	
Enter new principal office address,	if applicable:	
(Principal office address MUST BE A STREET ADDRESS	-	
Enter new mailing address, if appli (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
2. The Florida document number o	f this limited liability company is:	M17000005865
3. Jurisdiction of its organization:	Delaware	·
4. Date authorized to do business i	in Florida:7/7/17	
SECTION II (5-9 complete only		
5. New name of the limited liabilit	ty company:(must contain "Limited Liabi	lity Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternat copy of the written consent of the r must contain "Limited Liability Co	te name adopted for the purpose of trans managers or managing members adopting mpany," "L.L.C." or "LLC.")	acting business in Florida and attach a ag the alternate name. The alternate name
6. If amending the registered agent registered agent and/or the new reg	and/or registered officer address on ou istered office address here:	records, enter the name of the new
Name of New Registered Agent:	Brian Leen	
New Registered Office Address:	6505 Jewel Avenue	
	Enter Tampa	Florida Street Address 33619
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Let Let's accept the appointment as registered agent and agree to act in this capacity. I justifier 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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itle/ Capacity	Name	Address	Type of Actio
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	<del></del>		\_\_\_\_\_\
	:		□Remo
			□Add
			□Remo
			□Add
Attached is a certifi Iforementioned am	icate, if required: no more than 90 endment(s), duly authenticated by	days old, evidencing the the official having custody of record	□Reme

Filing Fee: \$25.00