

M17 00000 7036

(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



000306299920

12/06/17--01005--008 **25.00

FILED
17 DEC - 6 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BF

12/18/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dobbs Equipment, 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:

W. Christopher Crosby

Name of Person

Dobbs Equipment, LLC

Firm/Company

2730 S. Falkenburg Road

Address

Riverview, FL 33578

City/State and Zip Code

ben.richmond@dobbsequipment.com

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

For further information concerning this matter, please call:

Ben Richmond

Name of Person

at (813) 351-9490

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: DE

Enter new principal office address, if applicable:

2730 S. Falkenburg Road

(Principal office address

MUST BE A STREET ADDRESS)

Riverview, FL 33578

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:

M17000007036

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 08/16/2017

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

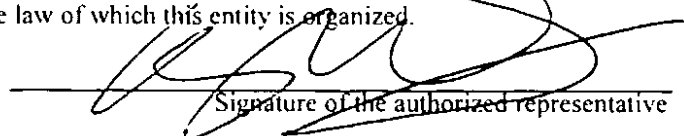
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

add officer and spelling correction

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Benjamin W. Richmond	2730 S. Falkenburg Road Riverview, FL 33578	<input checked="" type="checkbox"/> Add
Chief Financial Officer			<input type="checkbox"/> Remove
Mgr, S	Michael A. Orians	name spelling correction	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.


Signature of the authorized representative

W. Christopher Crosby, Vice President

Typed or printed name of signee

Filing Fee: \$25.00

**MEMORANDUM OF ACTION TAKEN BY THE MANAGERS OF
DOBBS EQUIPMENT, LLC**

The undersigned, being all of the managers (the "Managers") of DOBBS EQUIPMENT, LLC (the "Company"), and acting pursuant to the provisions of the Delaware Limited Liability Company Act, do hereby declare the following as the actions of the Managers of the Company, do hereby consent to the taking of such action, and do hereby waive all notice in connection with such action, as of November 17, 2017 (the "Effective Date").

RESOLVED, that the following person is hereby elected to serve as the Chief Financial Officer of the Company until such time as he is replaced by the Managers:

Ben Richmond


Chief Financial Officer

[signature page to follow]

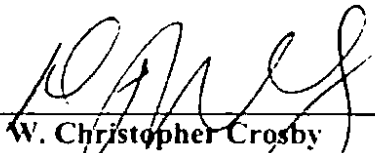
FILED
17 DEC -6 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand in execution of this written Memorandum of Action Taken by the Managers of DOBBS EQUIPMENT, LLC as of the Effective Date.

MANAGERS:



Edward J. Dobbs



W. Christopher Crosby



Michael A. Orians

4833-2823-0484, v. 1

FILED
17 DEC -6 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA