

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M17 000007057

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
873 LLC

Certificate of Status	0
Certified Copy	0
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10:06 AM 8/17/2022

2022 AUG 17 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 18 2022

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: 873 LLC

Enter new principal office address, if applicable: 2439 Treasure Isle Dr. Apt. 6

**(Principal office address
MUST BE A STREET ADDRESS)**

West Palm Beach, FL 33410

Enter new mailing address, if applicable:

**(Mailing address
MAY BE A POST OFFICE BOX)**

2439 Treasure Isle Dr. Apt. 6

West Palm Beach, FL 33410

2. The Florida document number of this limited liability company is: M17000007057

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/15/2017

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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1

Enter Florida Street Address

North Palm Beach

City

Florida

33408

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.

/s/ Joseph Panholzer

Joseph Panholzer, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF DISTRICT COURT
JULIA H. SEEL, F.D. No. 1

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Max Ducharme		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
President	Max Ducharme	2439 Treasure Isle Dr. Apt. 6	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

Joseph Panholzer, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00