Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H180001891623)))



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 Phone : (305)520-2344 : (305)520-2400

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

| Email Add | ldress: | | |
|-----------|---------|--|--|
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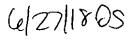
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA DISPATCHCO LLC

| Certificate of Status | 0 |
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TO: Registration Section

COVER LETTER

| Division of Corporations | | | | |
|--|---------------------|---------------------------------|---|------------|
| SUBJECT: Florida DispatchCo L | LC | | | |
| Name of Foreign L | imited Liabi | lity Compar | ny | |
| Dear Sir or Madam: | | | | |
| The enclosed application, certificate and fcc(s) are | submitted fo | or filing. | | |
| Please return all correspondence concerning this n | natter to the | following: | | |
| Myles Tobin | | | | |
| Name of Person | • | - | | ** |
| Florida DispatchCo LLC | | | | · <u>:</u> |
| Firm/Company | | - | | · |
| 161 NW 6th Street, Suite 90 | 0 | | | |
| Address | | - | | |
| Miami, FL 33136 | | | | |
| City/State and Zip Code | | _ | | |
| Kolleen.Cobb@feci.com | | | | |
| E-mail address: (to be used for future annual re | port notifica | tion) | | |
| For further information concerning this matter, ple | | | | |
| Brianna Hernandez | . <u>305</u> | 520-2 | | |
| 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 | | Registra Division P.O. Bo | NG ADDRESS: ation Section a of Corporations ix 6327 ssee, Florida 32314 | |
| Enclosed is a check for the following amount: S25 Filing Fee \$\sum \text{S30 Filing Fee & Certificate of Status}\$ CR2E055 (9/15) | S55 Fil Certific | ing Fee & ed Copy | S60 Filing Fee, Certificate of St Certified Copy | atus & |

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)

| Name of limited liability Comp State: Florida Dispatch | any as it appears on the records of the Flor ICO LLC | |
|--|--|--|
| | | |
| Enter new principal office address | , if applicable: | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u> | D | |
| Enter new mailing address, if appl (Mailing address MAY BE A POST OFFICE BOX | | |
| | | |
| 2. The Florida document number of | of this limited liability company is: M17 | 000008777 |
| Z. THE TIOTISH SOCIALISM MANDOO. | | ; |
| 3. Jurisdiction of its organization | Delaware | |
| 4. Date authorized to do business | in Florida: 10/13/2017 | |
| SECTION II (5-9 complete only | | 1 81 |
| 5. New name of the limited liabil | ity company: (must contain "Limited Liabili | ty Company, ""L.L.C.," or "LLC.") |
| (If name unavailable, enter alternations of the written consent of the must contain "Limited Liability Contains of the contain | ate name adopted for the purpose of transact managers or managing members adopting company," "L.L.C." or "LLC.") | cting business in Florida and attach a the alternate name. The alternate name |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 161 NW 6TH STREET, SU | |
| The second secon | 2000 | Florida Street Address |
| | <u>Miami</u> | Florida 33136 |
| | t iiv | LID COUE |

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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | | |
|--|--|--|----------------|--|--|
| de/ Capacity | Name | Address | Type of Action | | |
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| | | | Add | | |
| | | | Remov | | |
| | | | Add | | |
| O. Attached is a o | ertificate, if required: no more than 9 | 00 days old, evidencing the | Remx | | |
| aforementioned jurisdiction und | amendment(s), duly authenticated ler the law of which this critical is one | by the official having custody of reganized. | cords in the | | |
| | <i>,</i> | es L. Tobin | | | |

Filing Fee: \$25.00