

Mr 10000968

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : I20040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

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

Email Address: Smullenix@bmdllc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEGACY EXTERIORS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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SEP 04 2019

COVER LETTER

(((H19000264368 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Exteriors 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:

Alex J. McCallion, Esq.

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

75 East Market Street

Address

Akron, Ohio 44308

City/State and Zip Code

ajmccallion@bmdllc.com

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

For further information concerning this matter, please call:

Alex J. McCallion, Esq. at (330) 374-7473

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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2019 SEP -3 PM 4:25

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

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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: Legacy Exteriors LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

800 Killian Road

Akron, Ohio 44318

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

800 Killian Road

Akron, Ohio 44318

2. The Florida document number of this limited liability company is: M17000009968

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: November 22, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Buxton LE Holdings LLC
(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

City, Florida 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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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

Alex J. McCallion, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

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UNITED STATES OF AMERICA,
STATE OF OHIO.

OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify
that the paper to which this is attached is a true and correct copy from the original
record now in my official custody as Secretary of State*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
3rd day of September, A.D. 2019.*

Ohio Secretary of State

Frank LaRose

Validation Number:
201924802012

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/16/2019	201919700938	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

BRENNAN, MANNA & DIAMOND, LLC
75 EAST MARKET STREET
AKRON, OH 44308

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
3901309

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
BUXTON LE HOLDINGS LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 07/16/2019

Document No(s)

201919700938

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AND
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United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
16th day of July, A.D. 2019.

Frank LaRose
Ohio Secretary of State

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Alex J. McCallion

Signature

By (if applicable)

Alex J. McCallion, Authorized Representative

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

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