## M18000000977

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/zip/Fillone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Browness Links)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE:

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Check Five LLC	
Name of Foreign Limited L	iability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to t	he following:
Cristie Alden	
Name of Person	<del></del>
Check Five LLC	
Firm/Company	
8845 N Military Trl Suite 200	
Address	
Palm Beach Gardens, FL 33410	
City/State and Zip Code	
ap@successtms.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Cristie Alden at (561	, 264-4406
Name of Person Area Co	ode & 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
Certificate of Status Certi	Filing Fee & S60 Filing Fee. itied Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	

## 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	s on the records of the Florida Dej	partment of
State: Delaware		
Enter new principal office address, if applicable:	8845 N Military Trl Sui	te 200
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Palm Beach Gardens,	FL 33410
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE BOX)	Same	
2. The Florida document number of this limited lia	ibility company is:	2000000
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Jar	nuary 29,2018	0 7 %
SECTION II (5-9 complete only the applicable o		
5. New name of the limited liability company:(mus	t contain "Limited Liability Comp	any, ""L.L.C.; Sor "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the alter I'' or "LLC.") ed officer address on our records,	rnate name. The alternate name
registered agent and/or the new registered office ac Name of New Registered Agent:	idiess here.	
New Registered Office Address:		
	Enter Florida !	Street Address
	Circ	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	gistered Agent: nt and agree to act in this capacity and complete performance of my ered agent as provided for in Cha in the registered office address, I	v. I further agree to comply with duties, and I am familiar with pter 605, F.S. Or, if this

Title/ Capacity	<u>Name</u>	Address	Type of Actio
MBR	Starman Holdings LLC	35A Smithfield Blvd#325	Add
		Plattsburg, NY 12901	<b>1</b> ■ Remo
MBR	Troisbey LLC	4974 SW 34th Ter	Add
		Fort Lauderdale, FL 33312	Remo
MBR	Winco Ventures Inc	1926 10th Ave N Ste 410	Add
	Lake Worth, FL 3346	Remov	
		SSEF. FLORIDA	Add PRemark
aforementio	a certificate, if required; no more than 90 ned amendment(s), duly authenticated b under the law of which this entity is orga	y the official having custody of records in the	Remov

Filing Fee: \$25.00