

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 : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

\*\*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  
I.F. ROOKS & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2018 MAR -8 PM 4:33

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# 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: I.F. ROOKS & ASSOCIATES, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

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: M18000002054

3. Jurisdiction of its organization: TN

4. Date authorized to do business in Florida: 02/12/2018

## 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

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

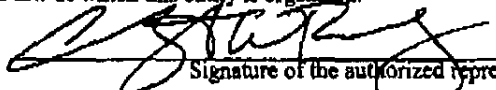
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
<u>P</u>	<u>Isaac Rooks, Jr.</u>	<u>813 RIDGE LAKE BLVD, SUITE 400 MEMPHIS, TN 38120</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CEO</u>	<u>Clayton W. Presley</u>	<u>813 RIDGE LAKE BLVD, SUITE 400 MEMPHIS, TN 38120</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Alvin Benjamin Reed</u>	<u>813 RIDGE LAKE BLVD, SUITE 400 MEMPHIS, TN 38120</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<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

Clayton W. Presley, Chief Executive Officer

Typed or printed name of signee

Filing Fee: \$25.00

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MAR-8 AM 9:06  
CLERK OF  
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**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**SHUMAKER LOO & KENDRICK LLP**  
CARLINE BANATTE  
SUITE 2800  
101 E. KENNEDY BOULEVARD  
TAMPA, FL 33602

March 8, 2018

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0268306

**Issuance Date:** 03/08/2018  
**Copies Requested:** 1

**Document Receipt**

Receipt #: 003885278

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3723708648

\$20.00

**Regarding:** I.F. Rooks & Associates, LLC**Filing Type:** Limited Liability Company - Domestic**Formation/Qualification Date:** 02/07/2018**Status:** Active**Duration Term:** Perpetual**Business County:** SHELBY COUNTY**Control #:** 945630**Date Formed:** 02/07/2018**Formation Locale:** TENNESSEE**Inactive Date:****CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**I.F. Rooks & Associates, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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Verification #: 026804328

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