

M18000003093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

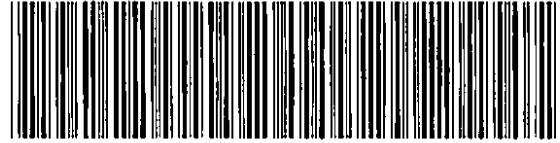
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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FILED

2022 APR -6 AM 10:08

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

Anund

2022 APR -6 PM 3:30

APR 07 2022
1 ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 591857 4329383

AUTHORIZATION :



COST LIMIT : \$25.00

ORDER DATE : April 5, 2022

ORDER TIME : 1:52 PM

ORDER NO. : 591857-010

CUSTOMER NO: 4329383

FOREIGN FILINGS

NAME: DISTRIBUTION 429, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX____ LIMITED LIABILITY COMPANY

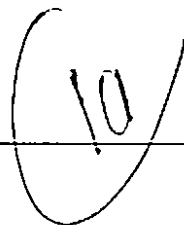
XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Distribution 429, 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:

Joe O'Connell

Name of Person

Vinson & Elkins, L.L.P.

Firm/Company

2001 Ross Avenue, Suite 3900

Address

Dallas, Texas 75201

City/State and Zip Code

dayton.conklin@clarionpartners.com

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

For further information concerning this matter, please call:

Joe O'Connell

at (214) 220-7993

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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: Distribution 429, LLC

Enter new principal office address, if applicable: 1717 McKinney Avenue, Suite 1900

(Principal office address
MUST BE A STREET ADDRESS)

Dallas, Texas 75202

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

1717 McKinney Avenue, Suite 1900

Dallas, Texas 75202

2. The Florida document number of this limited liability company is: M18000003093

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 30, 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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida

32301

City

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.

Eylina Baker

Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Steven McCraney	2257 Vista Parkway, Suite 15	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Remove
Member	LIT Industrial Limited Partnership	1717 McKinney Avenue, Suite 1900	<input checked="" type="checkbox"/> Add
		Dallas, Texas 75202	<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.

SEE ATTACHED

Signature of the authorized representative

SEE ATTACHED

Typed or printed name of signee

Filing Fee: \$25.00

LIT INDUSTRIAL LIMITED PARTNERSHIP, a
Delaware limited partnership

By: LIT Holdings GP, LLC, a Delaware limited liability
company, its general partner

By: 

Name: J. Dayton Conklin

Title: Senior Vice President