

M18000004492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

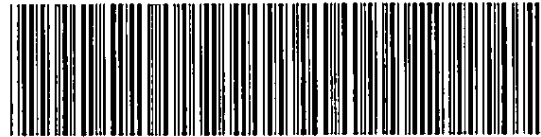
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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19 APR 25 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 APR 17 PM 4:08

K. SALY

APR 26 2019



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 04/25/2019

Name: Chris Vick

Reference #: 1071327

Entity Name: SUPERIOR PERFORMANCE SURFACING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

\$25

Signature: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2019

COGENCYGLOBAL

SUBJECT: SUPERIOR PERFORMANCE SURFACING, LLC  
Ref. Number: M18000004492

We have received your document for SUPERIOR PERFORMANCE SURFACING, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 519A00007855

APR 19 2019 10:02 AM

APR 19 2019 10:02 AM  
RECEIVED  
19 APR 2019

**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: SUPERIOR PERFORMANCE SURFACING, 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: M18000004492

3. Jurisdiction of its organization: MASSACHUSETTS

4. Date authorized to do business in Florida: 10/26/2018

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

5. New name of the limited liability company: SPORT PRO SURFACING, 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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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
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_____	_____	_____	<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.

\_\_\_\_\_  
Signature of the authorized representative

Justin Perreault

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

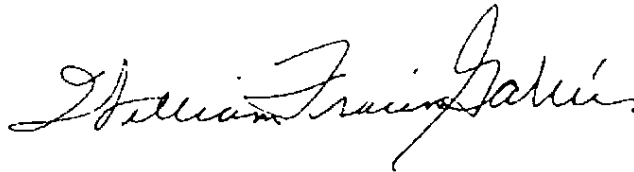
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TALLAHASSEE, FLORIDA

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THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears  
that the provisions of the General Laws relative to corporations have been complied with,  
and I hereby approve said articles; and the filing fee having been paid, said articles are  
deemed to have been filed with me on:

March 21, 2019 03:44 PM

A handwritten signature in cursive script, reading "William Francis Galvin".

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*

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19 APR 25 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

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19 APR 25 PM 1:28  
SECRETARY OF THE COMMONWEALTH  
TALLAHASSEE, FLORIDA

**Restated Certificate of Organization**  
(General Laws, Chapter )

Identification Number: 001300673

The date of filing of the original certificate of organization: 11/27/2017

1. The exact name of the limited liability company is: SPORT PRO SURFACING, LLC  
and if changed, the name under which it was originally organized: SUPERIOR PERFORMANCE SURFACING, LLC

**2a. Location of its principal office:**

No. and Street: 65 GREEN ST SUITE 1  
City or Town: FOXBOROUGH State: MA Zip: 02035 Country: USA

**2b. Street address of the office in the Commonwealth at which the records will be maintained:**

No. and Street: 65 GREEN ST SUITE 1  
City or Town: FOXBOROUGH State: MA Zip: 02035 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:  
SALE OF COMMERCIAL FLOORING

**4. The latest date of dissolution, if specified:**

**5. Name and address of the Resident Agent:**

Name: JUSTIN PERREAULT  
No. and Street: 65 GREEN ST. SUITE 1  
City or Town: FOXBORO State: MA Zip: 02035 Country: USA

I, JUSTIN PERREAULT resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

**6. The name and business address of each manager, if any:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	KENNETH FLAKE	305 LAKE FRONT DRIVE LEAGUE CITY, TX 77573 USA
MANAGER	JUSTIN PERREAULT	65 GREEN ST SUITE 1 FOXBOROUGH, MA 02035 USA
MANAGER	JUSTIN PERREAULT PERREAULT	
MANAGER	DOMINIC A SIMONETTI	65 GREEN ST SUITE 1

MANAGER	CHAD BURKS	711 COPPER MEADOW BLVD YOUNGSVILLE, LA 70592 USA
MANAGER	JAMES SULLIVAN	65 GREEN ST SUITE 1 FOXBOROUGH, MA 02035 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JUSTIN PERREAULT	65 GREEN ST FOXBORO, MA 02035 USA
REAL PROPERTY	JAMES SULLIVAN	65 GREEN ST SUITE 1 FOXBOROUGH, MA 02035 USA

9. Additional matters:

10. Describe any amendments to be effected by the restated certificate, and if none, include a statement to that affect:

NAME CHANGE

11. The restated certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of March, 2019,  
JUSTIN PERREAULT, Signature of Applicant.

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19 APR 25 PM 1:28  
ST. CLAY OF STATE  
TALLAHASSEE, FLORIDA