

M180000 10539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

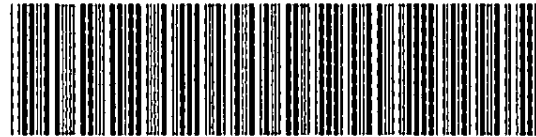
(Business Entity Name)

(Document Number)

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FEB 09 2019  
S. YOUNG

19 FEB -4 AM 10:59  
TALLAHASSEE, FLORIDA

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**Russell, Krafft  
& Gruber** LLP

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January 30, 2019

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Jenkins Travel, LLC  
M18000010539

Dear Sir/Madam:

Enclosed for filing please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida.

Also enclosed is a check made payable to the Florida Department of Agriculture and Consumer Services in the amount of Sixty Dollars (\$60.00) as payment for the filing fee, Certificate of Status and Certified Copy. Thank you.

Very truly yours,



Mikayla J. Godwin  
Legal Assistant to Laura E. McGarry

/mjg  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jenkins Travel, 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:

Laura E. McGarry  
Name of Person

Russell, Krafft & Gruber, LLP  
Firm/Company

930 Red Rose Court, Suite 300  
Address

Lancaster, PA 17601  
City/State and Zip Code

lem@rkglaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura E. McGarry at ( 717 ) 293-9293  
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

**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: Jenkins Travel, LLC

Enter new principal office address, if applicable: Jenkins Travel, LLC

(Principal office address  
MUST BE A STREET ADDRESS) 195 Brenneman Road  
Lancaster, PA 17603

Enter new mailing address, if applicable: Jenkins Travel, LLC

(Mailing address  
MAY BE A POST OFFICE BOX) 195 Brenneman Road  
Lancaster, PA 17603

2. The Florida document number of this limited liability company is: M18000010539

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 11/8/2018

**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*

\_\_\_\_\_, 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

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:

**Add Sherry Jenkins as owner**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Sherry Jenkins	195 Brenneman Road, Lancaster, PA 17603	<input checked="" 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
_____	_____	_____	<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.

Sherry Jenkins  
Signature of the authorized representative

**Sherry Jenkins**

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

**Filing Fee: \$25.00**