

4/21/2020

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M19000094

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2020 APR 21 AM 11:38

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 EXACTA LAND SURVEYORS LLC**

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APR 22 2020

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT BUSINESS IN FLORIDA

2020 APR 21 AM 11:39

## 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: Exacta Land Surveyors 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: M19000000949

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/28/2019

## 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:

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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>
P/CEO	Steven Phillips	11940 Fairway Lakes Drive, Suite #1 Ft. Myers, FL 32913	<input checked="" type="checkbox"/> Add
		Robert G. Calton, III	<input checked="" type="checkbox"/> Remove
VP	Kenneth Ward	11940 Fairway Lakes Drive, Suite #1 Ft. Myers, FL 32913	<input checked="" type="checkbox"/> Add
		Keith A. Stephenson	<input checked="" type="checkbox"/> Remove
COO	Benjamin Swan	11940 Fairway Lakes Drive, Suite #1 Ft. Myers, FL 32913	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
CFO	Scott Bogard	11940 Fairway Lakes Drive, Suite #1 Ft. Myers, FL 32913	<input checked="" 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.

*Stephen Phillips*

Signature of the authorized representative

Stephen Phillips, President/CEO

Typed or printed name of signee

Filing Fee: \$25.00