

M19000001538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

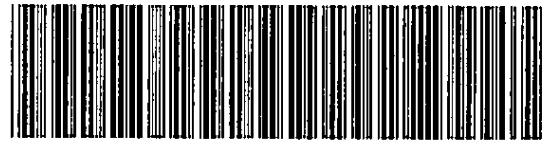
(Business Entity Name)

(Document Number)

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

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T. MATTHEWS

DEC 13 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thorntons 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:

Shelly S. Gibson, Tonya Stoltz

Name of Person

Thorntons LLC

Firm/Company

2600 James Thornton Way

Address

Louisville, KY 40245

City/State and Zip Code

annualstatefilings@bp.com

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

For further information concerning this matter, please call:

Tonya Stoltz

Name of Person

at ( 502 ) 572-1317

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**

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**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: Thorntons LLC

Enter new principal office address, if applicable: N/A

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000001538

3. Jurisdiction of its organization: Deleware

4. Date authorized to do business in Florida: 12/28/2011

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

5. New name of the limited liability company: N/A  
(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:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr./Presi	Deborah C. Boffa	3731 Canoe Lane	<input checked="" type="checkbox"/> Add
		Louisville, KY 40207	<input type="checkbox"/> Remove
Mgr./VP/	Christopher R. Kamer	1515 Demonbreun St., Apt. 1520	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
Mgr./Secy	Jason E. Alvarado	6219 Wynnwood Ln.	<input checked="" type="checkbox"/> Add
		Houston, TX 77008	<input type="checkbox"/> Remove
Mgr./Asst	Shelly S. Gibson	200 S. Peterson Ave.	<input checked="" type="checkbox"/> Add
		Louisville, KY 40206	<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.

Christopher R. Kamer  
Signature of the authorized representative

Christopher R. Kamer  
Typed or printed name of signee

Filing Fee: \$25.00