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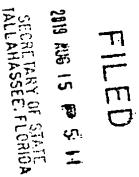
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COVER LETTER

TO: Registration Section Division of Corporations NIEMAN AND CO., LLC SUBJECT: 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: James Knopf Name of Person Law Offices of James S. Knopf Firm/Company 2000 Broadway St. Address Redwood City, CA 94063 City/State and Zip Code jsk@knopflaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Knopf 650-627-9500 _ at (_____) _ Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 **Enclosed** is a check for the following amount: ■ \$25 Filing Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

CR2E055 (9/15)

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)

Name of limited liability Company as it appear NIEMAN AND CO., LLC State:	s on the records of the Florida Departm	ent of
Enter new principal office address, if applicable:		
(<u>Principal office address</u> 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 lia	M1900001928	3
CA 3. Jurisdiction of its organization:		
	/12/2019	TA 9 28 4
SECTION II (5-9 complete only the applicable	changes)	CRET
5. New name of the limited liability company: (mus	et contain "Limited Liability Company	""L.Egg." or "LLC.1)
(mus	secontain Enniced Liability Company,	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.6"	maging members adopting the alternate	in Floads and attach a name. He alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:	.	
New Registered Office Address:	Enter Florida Street	Addrago
		orida
	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.

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR MBR	John Cuban	9436 Maple St., Bellflower, CA 90706	Add
			Remov
			Add
			Remov
			Add
			Remove
			Add
			Remove
			Add
			Remove
aforemention	nder the law of which this entity is or	by the official having custody of records in the	Ren

Filing Fee: \$25.00