

M19 000000 3042

(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:

Office Use Only



400342297874

03/27/20--01012--001 **25.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
20 MAR 27 PM 3:01

Amend

APR 09 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quickening Spirit Gospel Records 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:

ReSann Cunningham

Name of Person

Quickening Spirit Gospel Records LLC

Firm/Company

8521 nantucket Place

Address

Pensacola, FL 32514

City/State and Zip Code

tgblinfo@gmail.com

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

For further information concerning this matter, please call:

ReSann Cunningham

Name of Person

at (313) 717-2770

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

FILED
STATE CLERK OF STATE
DIVISION OF CORPORATION
20 MAR 27 PM 3:01

**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: Quickening Spirit Gospel Records LLC

Enter new principal office address, if applicable:

701 ECross St. Apt B

(Principal office address

MUST BE A STREET ADDRESS)

Pensacola, FL 32503

Enter new mailing address, if applicable:

PO Box 18241

(Mailing address

MAY BE A POST OFFICE BOX)

Pensacola, FL 32523

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

119000003042

3. Jurisdiction of its organization:

Michigan

4. Date authorized to do business in Florida:

March 20, 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

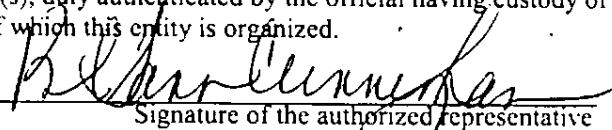
RECEIVED
20 MAR 27 PM 3:01
SECRETARY OF STATE
CORPORATION

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>
manager	Larsira Cunningham-Winston	1019 Kearny Drive	<input type="checkbox"/> Add
		Pensacola, FL 32505	<input checked="" 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.


Signature of the authorized representative

BeSann Cunningham
Typed or printed name of signee

Filing Fee: \$25.00