

M19000003365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

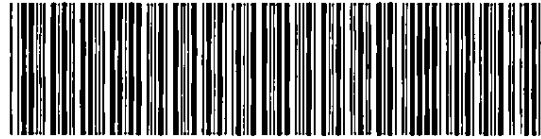
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 FEB 10 PM 2:03

ED

2021 FEB 10 AM 9:02

CLERK OF STATE
TALLAHASSEE, FL

Y. SULKE

FEB 11 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 654097 8293007

AUTHORIZATION :

COST LIMIT : \$ 60.00

ORDER DATE : February 10, 2021

ORDER TIME : 9:28 AM

ORDER NO. : 654097-015

CUSTOMER NO: 8293007

FOREIGN FILINGS

NAME: DRAGEN INTERNATIONAL, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRAKEN INTERNATIONAL, 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:

DANA COLLINS

Name of Person

DRAKEN INTERNATIONAL, LLC

Firm/Company

9800 HILLWOOD PARKWAY, SUITE 100

Address

FORT WORTH, TX 76177

City/State and Zip Code

DCOLLINS@DRAKENINTL.COM

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

For further information concerning this matter, please call:

DANA COLLINS

Name of Person

at (682) 277-5014

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**

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DRAKEN INTERNATIONAL, LLC

Enter new principal office address, if applicable: 3330 FLIGHTLINE DRIVE

(Principal office address LAKELAND, FL 33811

MUST BE A STREET ADDRESS) USA

Enter new mailing address, if applicable: 9800 HILLWOOD PARKWAY, SUITE 100

(Mailing address FORT WORTH, TX 76177

MAY BE A POST OFFICE BOX)

USA

2. The Florida document number of this limited liability company is: M19000003365

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 04/03/2019

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:

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

NEW ORGANIZATIONAL LEADERSHIP STRUCTURE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	JOE FORD	9800 HILLWOOD PARKWAY, SUITE 100	<input checked="" type="checkbox"/> Add
		FORT WORTH, TX 76177	<input type="checkbox"/> Remove
CLO	DANA COLLINS	9800 HILLWOOD PARKWAY, SUITE 100	<input checked="" type="checkbox"/> Add
		FORT WORTH, TX 76177	<input type="checkbox"/> Remove
CFO	STACY JOHNSON	9800 HILLWOOD PARKWAY, SUITE 100	<input checked="" type="checkbox"/> Add
		FORT WORTH, TX 76177	<input type="checkbox"/> Remove
COO	BILL TART	9800 HILLWOOD PARKWAY, SUITE 100	<input checked="" type="checkbox"/> Add
		FORT WORTH, TX 76177	<input type="checkbox"/> Remove
MBR	Black Diamond Jet HoldCo Inc.	2202 North Irving Street	<input type="checkbox"/> Add
		Allentown, PA 18109	<input checked="" 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

DANA COLLINS

Typed or printed name of signee

Filing Fee: \$25.00