

M1900000 3365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFF STATE

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

at (682) 277-5014

Name of Person

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 (1-4 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: 9800 HILLWOOD PARKWAY, SUITE 100

(Principal office address

MUST BE A STREET ADDRESS)

FORT WORTH, TX 76177

USA

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3330 FLIGHTLINE DRIVE

LAKELAND, FL 33811

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

3. Jurisdiction of its organization: DELAWARE

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

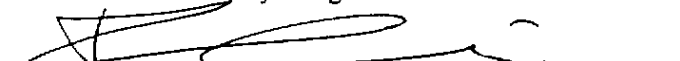
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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 type="checkbox"/> Add
		FORT WORTH, TX 76177	<input checked="" type="checkbox"/> Remove
CEO	GARY THOMAS	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 type="checkbox"/> Add
		FORT WORTH, TX 76177	<input checked="" type="checkbox"/> Remove
CFO	SARAH HARRISON	9800 HILLWOOD PARKWAY, SUITE 100	<input checked="" type="checkbox"/> Add
		FORT WORTH, TX 76177	<input type="checkbox"/> Remove
ACS	AMANDA NATALZIA	3330 FLIGHTLINE DRIVE	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33811	<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

DANA COLLINS, CHIEF LEGAL OFFICER

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRAKEN INTERNATIONAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRAKEN INTERNATIONAL, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7357226 8300

SR# 20223484795

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204355327

Date: 09-09-22