

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M19000003992

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H220003634383ABC+

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JLL - MIDNIGHT SUN IFMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 OCT 24 PM 2:35
JLL - MIDNIGHT SUN

2022 OCT 24 PM 2:35
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

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: JLL - MIDNIGHT SUN IFMS LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

1577 Spring Hill RD STE 320

Vienna, VA, 22182

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

1577 Spring Hill RD STE 320

Vienna, VA, 22182

2. The Florida document number of this limited liability company is: M19000003992

3. Jurisdiction of its organization: Alaska

4. Date authorized to do business in Florida: 04/19/2019

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

APPROVED
AND
FILED

2022 OCT 24 PM 2:35

FILED
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>MIDNIGHT SUN TECHNOLOGIES</u>	<u>1577 SPRING HILL ROAD</u>	<input type="checkbox"/> Add
		<u>VIENNA, VA 22182</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>MIDNIGHT SUN TECHNOLOGIES</u>	<u>1577 Spring Hill RD STE 320</u>	<input checked="" type="checkbox"/> Add
		<u>Vienna, VA, 22182</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Alan Tse</u>	<u>1577 SPRING HILL ROAD</u>	<input type="checkbox"/> Add
		<u>VIENNA, VA 22182</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Alan Tse</u>	<u>1577 Spring Hill RD STE 320</u>	<input checked="" type="checkbox"/> Add
		<u>Vienna, VA, 22182</u>	<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.

Ashley Perkins
Signature of the authorized representative

Ashley Perkins, Attorney-in-Fact
Typed or printed name of signee

Filing Fee: \$25.00