

N 19000005518

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : T20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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 JUNGLECAMM ENTERTAINMENT LLC

***I'M NOT SURE WHICH END MAY HAVE BEEN HAVING TECHNICAL ISSUES, BUT I TRIED FAXING THIS MULTIPLE TIMES WITH NO LUCK. PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 6/10/19. THANK YOU!!!!**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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Corporate Filing Menu

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6/10/2019

K. SALY

JUN 12 2019

FILED

19 JUN 10 PM 4:48

STATE OF FLORIDA
ALLAHAC, FLORIDA

19 JUN 11 AM 9:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JungleCamm Entertainment 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

mcammill70@gmail.com

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

For further information concerning this matter, please call:

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR2E055 (9/15)

**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: JungleCamm Entertainment LLC

Enter new principal office address, if applicable:

6305 Gulf Boulevard

*(Principal office address
MUST BE A STREET ADDRESS)*

St. Pete Beach 33706

Enter new mailing address, if applicable:

151 7th Street S.

*(Mailing address
MAY BE A POST OFFICE BOX)*

Unit 436

St. Petersburg, Florida 32701

2. The Florida document number of this limited liability company is: M19000005518

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 5, 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:

Title/ Capacity	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.

Brenda LaLoggia

Signature of the authorized representative

Brenda LaLoggia, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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SECTION 605.0902
FALLAIASSEE, FLORIDA

19 JUN 10 PM 4:49

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