

M19000006351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

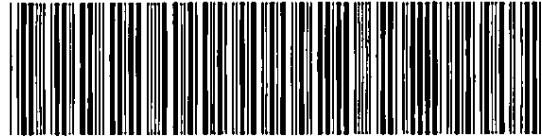
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 APR 28 AM 8:29

O SIMMONS  
APR 29 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 04/28/2021

Acc#120160000072

*mic DW*

Name:	Cross City Lumber, LLC
Document #:	
Order #:	13650139

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cross City Lumber, 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:

Elizabeth Campbell  
Name of Person

Robinson, Bradshaw & Hinson, P.A.  
Firm/Company

101 N. Tryon Street, Suite 1900  
Address

Charlotte, NC 28246  
City/State and Zip Code

michael@astaracapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Campbell at ( 704 ) 564-2365  
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)**

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1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Cross City Lumber, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M19000006351

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 06/14/2019

**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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida Street Address*

Plantation

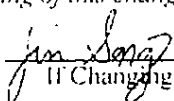
City

Florida 33324

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.*

 Jin Song, Assistant Secretary  
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:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Robert McKagen</u>	<u>PO Box 910</u>	<input checked="" type="checkbox"/> Add
		<u>Cross City, FL 32628</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Michael T. Tate</u>	<u>PO Box 910</u>	<input checked="" type="checkbox"/> Add
		<u>Cross City, FL 32628</u>	<input type="checkbox"/> Remove
<u>President</u>	<u>Daniel Dickert</u>	<u>PO Box 910</u>	<input checked="" type="checkbox"/> Add
		<u>Cross City, FL 32628</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Steve W. Conner</u>	<u>PO Box 208</u>	<input type="checkbox"/> Add
		<u>Homerville, GA 31632</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Steve E. Conner</u>	<u>PO Box 208</u>	<input type="checkbox"/> Add
		<u>Homerville, GA 31632</u>	<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

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

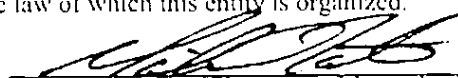
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Mike Tate	59 North East 132nd Avenue	<input type="checkbox"/> Add
		Cross City, FL 32628	<input checked="" type="checkbox"/> Remove
Manager	Daniel Dickert	59 North East 132nd Avenue	<input type="checkbox"/> Add
		Cross City, FL 32628	<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

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

Michael Tate

Typed or printed name of signee

Filing Fee: \$25.00