12/29/21, 10:31 AM

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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 **CNHF SERVICES LLC**

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JAN 03 2021

A. LUNT

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Corporate Filing Menu

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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 appear	rs on the records of the Florida Department of	
State: CNHF SERVICES LLC		
Enter new principal office address, if applicable:	24 East Ave #1285	
(Principal office address MUST BE A STREET ADDRESS)	New Canaan, CT 06840	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24 East Ave #1285 New Canaan, CT 06840 27	
2. The Bleefelt document number of this limited liability company is:		
3. Jurisdiction of its organization, Delaware	注	
4. Date authorized to do business in Florida: 97/10/2019		
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 "L.L.C.")		
registered agent and/or the new registered office a		
Name of New Registered Agent: C T Corporation System		
New Registered Office Address: 1200 South Pine Island Road Enter Florida Street Address		
p);		
<u></u>	City Storida 33324 Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of t	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited	

From: Kaity Toon

Filing Fee: \$25.00