# M19000007069

(Requestor's Name)
(Address)
(Address)
(1831855)
(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

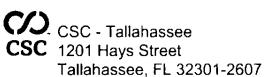


100433800871





08/13/24



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/13/24 Order #: 1594714-1 Re: 235 Viav Pb LLC

Processing Method: Routine



#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number: 12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC				
	Name of Foreig	gn Limited Lia	bility Co	mpany
Dear Sir	or Madam:			
The encl	losed application, certificate and fee(s	) are submitted	for filin	g.
Please re	eturn all correspondence concerning the	nis matter to the	e followi	ng:
KIMBER	LY GOODYEAR			-
	Name of Person		-	*** *** ****
SUNRIS	E MANAGEMENT SERVICES LLC			
	Firm/Company		_	
515 N FL	AGLER DRIVE, SUITE 1702			
	Address		_	
WEST PA	ALM BEACH FL, 33401			
	City/State and Zip Cod	e	_	
kgoodyea	ar@sunrisepalmbeach.com			
E-mail	l address: (to be used for future annua	I report notifica	ation)	
For furth	er information concerning this matter,	, please call:		
Kimberly	Goodyear	561	440-3	276
	Name of Person		& Dayt	ime Telephone Number
R D P	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Su Tallahassee, FL 32303			ation Section in of Corporations intre of Tallahassee . Monroe Street, Suite 810
E ≣\$25 Fil	inclosed is a check for the following ling Fee \$30 Filing Fee & Certificate of Status	amount:  \$55 Filing Certified C		☐ \$60 Filing Fec, 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 appear	s on the records of the Florida Departmer	ıt of		
State: 235 VIAV PB LLC			<del></del>	
Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	
Enter new mailing address, if applicable: (Mailing address	N/A		.n	
MAY BE A POST OFFICE BOX)		2+1**	<del></del>	
2. The Florida document number of this limited lia	bility company is: M1900007069	7.7	:3	
Jurisdiction of its organization: DELAWARE		71.77 20.57	) H 10: 015	
4. Date authorized to do business in Florida: 07/2			<u>C</u> 1	
<ol> <li>New name of the limited liability company: No. 1 (must</li> </ol>	/A t contain "Limited Liability Company, " "	L.L.C.," or "	LLC.'')	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate na			
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		name of the	new	
Name of New Registered Agent; N/A				
New Registered Office Address: N/A	Enter Florida Street Ac	ddress		
_	City	da <u>Zip Cod</u>	<del>e</del>	
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of this	it and agree to act in this capacity, I furth and complete performance of my duties, a cred agent as provided for in Chapter 605 in the registered office address, I hereby o	md I am famil i, F.S. Or, if th	iar with iis	

. If the amend	ment changes person, title or capa	city in accordance with 605.0902 (1)(e), indicate	that change:
Sitle/ Capacity Name		Address	Type of Actio
Manager 	Stephen Magowan	515 N Flagler Dr, Suite 1702	□Add
		West Palm Beach FL 33401	■Remo
Manager	Kimberly Goodyear	515 N Flagler Dr, Suite 1702	≅Add
		West Palm Beach FL 33401	□Remo
Freasurer	Christian Rollins	515 N Flagler Dr, Suite 1702	≅Add
		West Palm Beach FL 33401	Remo
<del></del> .			□Add
			□Remo
			□Àdd
aforemention	nder the law,of which this entity	ated by the official having custody of records in	Remo

Filing Fee: \$25.00