

M1900000 7332

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL 32310
2020 MAR -4 AM 7:11
FILED

MAR 23 2020

S. YOUNG

SOUTHERN PREMIX, LLC

RESOLUTION

THE MEMBERS of SOUTHERN PREMIX, LLC, did meet on November 1, 2019, and agree to make this Resolution part of the permanent records of SOUTHERN PREMIX, LLC.

THE RESOLUTION states as follows:

JVest, a Tennessee General Partnership, and Traci Edwards, Individually, shall be removed as Members of Southern Premix, LLC.

Shareen T. Gibbs shall be added as a member with Fifty-One Percent (51%) ownership.

NEWAVE Equity II Trust shall be a member with Forty-Nine Percent (49%) ownership.

Additionally, the following shall be in effect as of the day first mentioned above:

Shareen T. Gibbs shall remain as Chief Executive Officer;

Ethan Edwards shall be removed as President and Shareen T. Gibbs shall be added as President;

Traci Edwards shall be removed as Secretary and Jeff Simmons shall be added as Secretary; and

Traci Edwards shall be removed as The Tax Matters Member and NEWAVE Equity II Trust shall be added as the Tax Matters Member.

This Memorandum of Action may be signed in counterpart.

Thus, agreed to and signed by the remaining Member and withdrawing Members on the date first mentioned above.

NEWAVE EQUITY II TRUST

By: James M. Carroll, Trustee

Shareen T. Gibbs

Shareen T. Gibbs, Individually

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN PREMIX, 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:

JAMES M CARROLL

Name of Person

SOUTHERN PREMIX, LLC

Firm/Company

PO BOX 48

Address

FREEPORT, FL 32439

City/State and Zip Code

jimmy@southernpremix.com

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

For further information concerning this matter, please call:

JAMES M CARROLL

Name of Person

at (850) 353-1320

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

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: SOUTHERN PREMIX, 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)

PO BOX 48

FREEPORT, FL 32439

2. The Florida document number of this limited liability company is: M19000007332

3. Jurisdiction of its organization: TENNESSEE

4. Date authorized to do business in Florida: 07/23/2019

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.

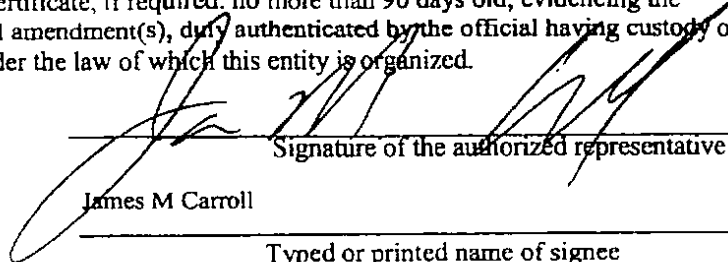
If Changing Registered Agent, Signature of New Registered Agent

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:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|------------------------|------------------------------------|--|
| <u>President</u> | <u>SHAREEN T GIBBS</u> | <u>232 Middleburg DR</u> | <input checked="" type="checkbox"/> Add |
| | | <u>PANAMA CITY BCH, FL 32413</u> | <input type="checkbox"/> Remove |
| <u>Member</u> | <u>JVEST, TR</u> | <u>5858 RIDGEWAY CENTER PKWY</u> | <input type="checkbox"/> Add |
| | | <u>MEMPHIS, TN 38120</u> | <input checked="" type="checkbox"/> Remove |
| <u>Member</u> | <u>TRACI EDWARDS</u> | <u>30020 ASHMONT DRIVE</u> | <input type="checkbox"/> Add |
| | | <u>GERMANTOWN, TN 38138</u> | <input checked="" type="checkbox"/> Remove |
| <u>Member</u> | <u>SHAREEN T GIBBS</u> | <u>232 Middleburg DR</u> | <input checked="" type="checkbox"/> Add |
| | | <u>PANAMA CITY BEACH, FL 32413</u> | <input type="checkbox"/> Remove |
| <u>Secretary</u> | <u>JEFFREY SIMMONS</u> | <u>PO Box 220, 653 W 23rd ST</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Panama City, FL 32405</u> | <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
James M Carroll

Typed or printed name of signee

Filing Fee: \$25.00