M1900000 8728

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only



300337426253

11/26/19--01007--013 **25.00

10 NOV 26 AM II: 23

Jan 07 2029 C Nichvalk

COVER LETTER

TO:

Registration Section

Division of Corporations Covenant Research, LLC SUBJECT: 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: Shirley Padilla Name of Person Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C. Firm/Company 420 20th Street North, Suite 1400 Address Birmingham, AL 35203 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shirley Padilla 250-8329 Area Code & Davtime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$30 Filing Fee & **■\$**25 Filing Fee ☐ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certificate of Status & Certified Copy 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: Covenant Research, LLC
Enter new principal office address, if applicable: (Principal office address MUST RE 4 STREET ADDRESS)
(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: M19000008728
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 09/10/2019
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 "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
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

. If the amendi	ment changes person, title or capa	acity in accordance with 605.0902 (1)(c), indicate tha	t change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
Manager	Woodie Zachry	90 N Curly Will	□Add
		Tomball, TX 77375	⊟Remov
Aanager	Guy W. Neff	1110 133rd Court NE	∃ ∧dd
		Bradenton, FL 34212	□Remov
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remov
			DAdd
			□Remo
			□Adđ
aforemention	ned amendment(s), duly authenti- under the law of which this entit	nature of the authorized representative	□Rcmo

Filing Fee: \$25.00