# M19 0000 1027L

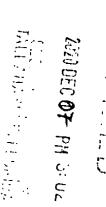
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2020

CHAD BURGIN 5251 S GREEN ST STE 350 MURRAY, UT 84123

SUBJECT: NOW CFO FLORIDA, LLC

Ref. Number: M19000010276

We have received your document for NOW CFO FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00023153

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO:	~	ation Section n of Corporations			
SUBJI	ECT:	OW CFO Tampa, LLC			
		Name of Forei	ign Limited Lial	bility Co	empany
Dear S	Sir or Mad	dam:			
The en	iclosed ap	pplication, certificate and fee(s	s) are submitted	for filin	g.
Please	return al	l correspondence concerning t	his matter to the	: followi	ng:
Chad B	Burgin			_	
•		Name of Person			
NOW	CFO Tamp	pa, LLC			
		Firm/Company			
5251 S	GREEN S	ST STE 350			
		Address			
Murray	/Utah 841	23			
		City/State and Zip Coo	de	_	
	nowefo.co			_	
E-m	ail addre	ss: (to be used for future annua	al report notifica	ition)	
For fur	ther info	rmation concerning this matter	r, please call:		
Chad B	Burgin		at (	_)	097
		Name of Person	Area Code	e & Dayt	time Telephone Number
	Registra Division P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, FL 32314		Division The Control 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
■\$25 CR2E05:	Filing Fe	ed is a check for the following ee	g amount:   \$55 Filing Certified (		☐ \$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)

Name of limited liability Comp     State: NOW CFO FLORIDA, L.		rs on the rec	ords of the Flor	rida Department o	ſ	
State: Enter new principal office address.		5251 S. G	reen Street, Suite	e 350	<u> </u>	_
( <u>Principal office address</u> MUST BE A STREET ADDRESS	.,	Murray, U	T 84123			<u> </u>
Enter new mailing address, if appli (Mailing address) MAY BE A POST OFFICE BOX		5251 S. G Murray, U	reen Street, Suite T 84123	: 350		_ _ _
2. The Florida document number o	t`this limited lia	ibility comp	oany is: M19000	010276		_
<ol> <li>The Florida document number of</li> <li>Jurisdiction of its organization:</li> <li>Date authorized to do business if</li> <li>SECTION II (5-9 complete only)</li> </ol>	Utah				27.5	253) 
4. Date authorized to do business i	in Florida:	6/2019			<u>::</u>	
SECTION II (5-9 complete only  5. New name of the limited liability						
NOW CFO Tampa I, LLC	(musi	t contain "I	imited Liability	Company, ""L.I	J.C.," or "LLC	ું. (:)
(If name unavailable, enter alternat copy of the written consent of the r must contain "Limited Liability Co	nanagers or mai	naging men	ibers adopting t	ing business in Fl he alternate name	orida and attac . The alternate	ha name
6. If amending the registered agent registered agent and/or the new reg				cords, enter the na	ame of the new	Ĭ.
Name of New Registered Agent:	Registered Agen	ts Inc.				
	7901 4th St N, S					
			Enter Fi	orida Street Addr		_
	St. I	Petersburg		, Florida	33702 Zip Code	_
			City		Zip Code	
New Registered Agent's Signature I hereby accept the appointment as the provisions of all statutes relative and accept the obligations of my padocument is being filed to merely reliability company has been notified	registered ager se to the proper osition as registe eflect a change in writing of th	nt and agree and comple ered agent in the regis is change.	e to act in this cete performance as provided for tered office add	of my duties, and in Chapter 605, F ress. I hereby con	I am familiar I.S. Or, if this firm that the li	with
and accept the obligations of my po document is being filed to merely r	osition as registe eflect a change in writing of th	ered agent in the regis is change.	as provided for tered office add	in Chapter 605, F	T.S. Or, if this ifirm that the l	

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Rem
			□Add
			□Add
			□Rem
			Add
			Rem
aforementioned an	icate, if required: no more than 90 datendment(s), duly authenticated by the law of which this entity is organized.	e official having custody of record	☐ Remo

Typed or printed name of signed



### Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/01/2020 11397470-016010012020-3202945

## CERTIFICATE OF EXISTENCE

Registration Number: 11397470-0160

Business Name: NOW CFO TAMPA, LLC

Registered Date: July 25, 2019 Entity Type: LLC - Domestic

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Stup

Jason Sterzer Director Division of Corporations and Commercial Code