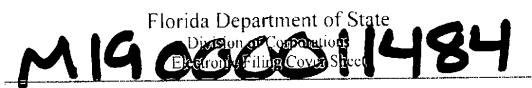
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Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GEORGIA PINES AGENCY, LLC

Certificate of Status	0
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## From: Kaity Toon

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY, TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA** 4

2022-08-31 10.09:41 PDT

## 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: Georgia Pines Agency, LLC	
Enter new principal office address, if applicable:	4664 South Blvd
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Virginia Beach, VA 23452
Enter new mailing address, if applicable:	4664 South Blvd
(Maiting address MAY BE A POST OFFICE BON)	Virginia Beach, VA 23452
2. The Florida document number of this limited lia	ability company is: M19000011484
3. Jurisdiction of its organization: Georgia	
4. Date authorized to do business in Florida: $\frac{-1200}{2}$	03/2019
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (mus	st 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 ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach anaging members adopting the alternate name. The alternate name C." or "LLC.")
registered agent and/or the new registered office a	
Name of New Registered Agent: CT Corporation	n System 27 7
New Registered Office Address: 1200 South Pine	Enter Florida Street Address
Pla	City Florida 33324  City Zip Code
_	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	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
100	Changing Registered Agent Signature of New Registered Agent

Autigati Working

From: Kaity Toon

		eity in accordance with 605.0902 (1)(e), indicate that as Manager and adds Robert Hilb: as Authora	· ·
Title/ Capacity	<u>Name</u>	Address	Type of Action
uthorized erson	Robert Hilb	4664 South Blvd	®Add
		Virginia Beach, VA 23452	Remov
Manager Charles M Heidelberger	Charles M Heidelberger	1514 NE Jensen Beach Blvd.	DAdd
	Jensen Beach, Fl. 34957	⊠Remov	
	<del>.</del>	□Add	
			□Add
		□Remo	
		□Add	
aforemention	certificate, if required: no more the damendment(s), duly authentical ander the law of which this entity is	ated by the official having custody of records in the	□Remov
	<u>ुर्माक</u>	JJ Carbonell	

2022-08-31 10:09:41 PDT



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A GEORGIA LIMITED LIABILITY COMPANY "GEORGIA PINES AGENCY, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "GEORGIA PINES AGENCY, LLC", WAS FILED IN THIS OFFICE ON THE EIGHTH DAY OF NOVEMBER, A.D. 2021, AT 11:58 O'CLOCK A.M.



Jeffrey W. Bulliocs, Secretary of State

Authentication: 204288496