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(Requestor's Name)	
(Address)	500346989155
(Address)	000040909100
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	2120
fied Copies Certificates of Status	2020 JU 125
ecial Instructions to Filing Officer:	61 :6 Liy
Office Use Only	

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE\_06/25/2020

\*\*WALK IN\*\*

### ENTITY NAME FAIRSTEAD MANAGEMENT LLC

DOCUMENT NUMBER\_\_\_\_

### \*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

XXXX Plain Copy

Certified Copy Certificate of Status

### \*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

Certified Copy of Arts & Amendments Certificate of Good Standing

# \*\*APOSTILLE' / NOTARIAL CERTIFICATION \*\*

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

and the

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

2020 Juli	25	<u>,                                    </u>	G:	10
		1 1	1.	1 4

SECTION	l (1-4 must be completed)	-149 CC1 20 101 9: 19	
1. Name of limited liability Company as it appears	s on the records of the Floric	la Department of	
State:			
Enter new principal office address, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )			
2. The Florida document number of this limited lial	bility company is: <u>M20000</u>	002176	
3. Jurisdiction of its organization: <u>New York</u>			
4. Date authorized to do business in Florida:	2020		
SECTION II (5-9 complete only the applicable of	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 copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting th	ng business in Florida and attach a c alternate name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our ree Idress here:	ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	r- 131		
	Enter Florida Street Address		
	City	, Florida Zip Code	
<u>New Registered Agent's Signature, if changing Reg</u> <i>I hereby accept the appointment as registered agen</i>	gistered Agent:	· ·	

 $\frac{Nev}{Ihe}$ 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

6 . . . .

- 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: this amendment shall remove the name and address of John Sharkey (director).  $\frac{200}{25}$ ,  $\frac{25}{50}$ ,  $\frac{19}{9}$ ;  $\frac{19}{19}$

Title/ Capacity	Name	Address	Type of Action
Director	John Sharkey	250 West 55th Street, 35th Floor	🗆 Add
		New York, NY 10019	
			🗍 Add
			🗆 Remove
			🗆 Add
			🗌 Add
			🗆 Add
aforemention	certificate, if required: no more than ed amendment(s), duly authenticated nder the law of which this entity is o	by the official having custody of records in the reanized.	🗆 Remove
		of the authorized representative	

Yehuda Kestenbaum

Typed or printed name of signee

Filing Fee: \$25.00