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Certified Copies	_ Certificates	of Status
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DIVISION OF THE STATE OF THE ST

JUN 0 8 2021 R. HUNT

COVER LETTER

Registration Section Division of Corporations Graham Architectural Products Company LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fce(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Amy Bitting Name of Person Graham Capital Company Firm/Company PO Box 1104 Address York, PA 17405 City/State and Zip Code amy_bitting@grcap.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Bitting Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy

CR2E055 (9/15)

TO:

. 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 appear		Department of
State: Graham Architectural Products Company	1420 Sixth Avenue	
Enter new principal office address, if applicable:	1420 Sixiii Avenue	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	York, PA 17403	
Enter new mailing address, if applicable:	PO Box 1104	2021
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	York, PA 17405-1104	H,3P /
2. The Florida document number of this limited lia	ability company is: M200000068	2021 H3P -11 PM 12: 07
3. Jurisdiction of its organization: Pennsylvania		07
4. Date authorized to do business in Florida: 08-0	6-2020	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: Comus (mus	GS Managing Member, LLC t contain "Limited Liability Con	npany, ""L.L.C.," or "LL.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members adopting the al	ousiness in Florida and attach a sternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		s. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a Street Address
		, Florida
_	City	, Florida Zip Code
New Registered Agent's Signature, it changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capac and complete performance of n ered agent as provided for in C in the registered office address,	w duties, and I am familiar with hapter 605, F.S. Or, if this

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Brian Hurley	1551 Mt. Rose Avenue	DAdd
		York, PA 17403	≡ Remo
CFO	Frederick Trimmer	1551 Mt. Rose Avenue	□Add
	York, PA 17403	≡ Remo	
COO Michael DeRosa	1551 Mt. Rose Avenue	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	York, PA 17403	=Remo	
VP Joe Cerminara	1551 Mt. Rose Avenue	□Adđ	
	York, PA 17403	=Remo	
Ass. Sec	John Miller	1551 Mt. Rose Avenue	□Add
		York, PA 17403	≡ Remo
aforementio	ned amendment(s), duly authentiunder the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the vis organized. Author ature of the authorized representative	

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/01/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

CGS Managing Member, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTROL OF THE CO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210601100529-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify