M20 00000 941L

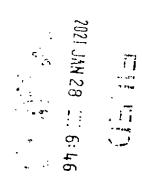
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500358811635

01/28/21--01018--005 **25.00



MAR 1 5 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporat	ions		1.	
WARREN GULI	FBREEZE LLC			
	Name of Foreig	n Limited Liab	oility Com	pany
Dear Sir or Madam:				
The enclosed application, ce	rtificate and fee(s)	are submitted	for filing.	
Please return all corresponde	nce concerning thi	s matter to the	following	:
Helen Stephenson				
Nam	e of Person		_	
Otis Warren Management Comp	any, Inc		_	
Firm.	/Company			
2223 Wheatley Drive			_	
۸,	Address			
Baltimore, MD 21207			_	
City/	State and Zip Code	2		
helen@otiswarren.com			<u></u> .	
E-mail address: (to be use	d for future annual	report notifies	ation)	
For further information conc	erning this matter,	please call:		
Helen Stephenson		at (539-101 	0 Extn 237
Name of Per	son	Area Code	: & Daytir	ne Telephone Number
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations		Division The Cen 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303
_	for the following Filing Fee & tificate of Status	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 Comparison State: WARREN GULF BREE		s on the records of t	he Florida Departmen	it of	
Enter new principal office address					
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	<u>(S)</u>				
Enter new mailing address, if app (Mailing address MAY BE A POST OFFICE BOX					2021 JAN 28
2. The Florida document number of	of this limited lia	bility company is: _	M20000009416		1: 1.
3. Jurisdiction of its organization				_ •	94 :9
4. Date authorized to do business				,	
SECTION II (5-9 complete only	the applicable of	changes)			
5. New name of the limited liabil	ity company: (musi	contain "Limited I	liability Company, ""	L.L.C" or	"LLC.")
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability C	managers or mai	naging members add			
6. If amending the registered agen registered agent and/or the new re			n our records, enter the	e name of the	<u>e new</u>
Name of New Registered Agent:	Otis Warren, Jr				
New Registered Office Address:	73 St. George Pla				. <u></u>
			Enter Florida Street A		
	Pah ——	n Beach Gardens	Flori		
		City		Zip Ce	rde
New Registered Agent's Signature	e, if changing Re	gistered Agent:	e de la relati		j

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change. (I

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	<u>Name</u>	Address	Type of Action
			\ \Backsquare
			□Remo
			__Add
			□Remo
			□Add
			□Remo
			□Add
			Remo
			□Add
aforementioned am	icate, if required; no more than 90 day sendment(s), duly authenticated by the he law of which this entity is organized. Signature of the	e official having custody of records in ted.	□Remo

Filing Fee: \$25.00