Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000139340 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)214-8442 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address		
-------	---------	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLACEMAKER REAL ESTATE LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$30.00	

1022 APR 18 AM 11:56

Electronic Filing Menu Corporate Filing Menu

Help

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)

State: Placemaker Real Estate, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	bility company is: M2000001024	8
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 11/1	2/2020	
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: (must	t contain "Limited Liability Compa	ny, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	usolite memociz snobiniz me arera	ness in Florida and attach a late name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a Name of New Registered Agent:	ed officer address on our records, <u>er</u> ddress here:	PR
	_	- Fig.
NO TO STANDARD OF THE STANDARD	Enter Florida St	reet Address
-	City	Zip Code 5
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capacity. r and complete performance of my a stered agent as provided for in Chap e in the registered office address, I h	oter 605. F.S. Or. if this

itle/ Capacity	Name	Address	Type of Action
MGR	Adriel Beitsch Deller	111 North Orange Avenue, Suite 800	□Add
		Orlando FL 32801	≅Remov
MGR	Worldwide Nominee LLC	801 US Highway 1	■Add
		North Palm Beach, FL 33408	□Remo
			DAdd
		·	Remo
, <u>.</u>			□Add
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforementi	a under the law of which this entity, s	ed by the official having custody of fecolds of t	□Reme

Filing Fee: \$25.00