Division of Corporations



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Division of Corporations

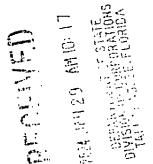
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SONNY'S GOTOKIOSK, LLC

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1/1

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 appears on the records of the Florida Department of
State: SONNY'S GOTOKIOSK, 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)
77. 224
2. The Florida document number of this limited liability company is: M20000010817
3. Jurisdiction of its organization: Delaware 11/25/2020
4. Date authorized to do business in Florida: 11/25/2020
4. Date authorized to do business in Florida: 11/25/2020
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must contain Limited Liability Company, L.L.C., or LLC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
Enter Florida Street Address
·
New Registered Agent's Signature, if changing Registered Agent: I hereby 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, I hereby confirm that the limited liability company has been notified in writing of this change.

	ment changes person, title or capament to Certificate of Authority is	acity in accordance with 605,0902 (1)(e), indicate that s to add officers.	t change:
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio
CEO/Manager	Curtis Hutchins	5870 N Hintus RoadTamarac, FL 33321	■Add
		- Addition of the state of the	□Rem
President/ Chief Revenue Officer		5870 N Hiatus RoadTamarac, FL 33321	■Add
			□Rem
CFO	Brian Crutchfield	5870 N Hiatus RoadTamarac, FL 33321	■Add
			□Rem
/P Finance/ anager	Kelly Lawrence	5870 N Hiatus RoadTamarac, FL 33321	= Add
			□Reme
VP perations	Dan Kaiserian	5870 N Hiatus RoadTamarac, FL 33321	≅Add
aforemention	ed amendment(s), duly authentinder the law of which this entity	than 90 days old, evidencing the icated by the official having custody of records in the y is organized.	□Reme

→ 18506176383

Florida Secretary of State

Amendment Attachment

(The Information Below is to Be Amended)

This Amendment is to add additional officers listed below:

 Michael Karow - Vice President of Finance - 5870 N Hiatus Road Tamarac, FL 33321