

8/20/2021

Division of Corporations

m210000313798

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

\*\*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
PB ISLAND DREAMS LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$55.00).

2021 AUG 26 AM 11:25
TALLAHASSEE, FLORIDA

2021 AUG 26 PM 12:40
FILED
TALLAHASSEE, FLORIDA



August 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PB ISLAND DREAMS LLC  
500 FIFTH AVE.  
NEW YORK, NY 10110

SUBJECT: PB ISLAND DREAMS LLC  
REF: M21000005179

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring  
Regulatory Specialist III

FAX Aud. #: H21000313798  
Letter Number: 321A00020441

\*\*\*HONOR ORIGINAL DATE 08-20-2021\*\*\*

2021 AUG 26 AM 11: 25  
TALLAHASSEE, FLORIDA

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: PB Island Dreams LLC

Enter new principal office address, if applicable:

c/o Law Office of Paul A. Krasker, P.A.

(Principal office address MUST BE A STREET ADDRESS)

1615 Forum Place, 5th Floor

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

c/o Law Office of Paul A. Krasker, P.A.

(Mailing address MAY BE A POST OFFICE BOX)

1615 Forum Place, 5th Floor

West Palm Beach, FL 33401

2. The Florida document number of this limited liability company is: M21000005179

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 29, 2021

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.")

(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

Florida

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher Terry	c/o Kleinberg, Kaplan, Wolf & Cohen, P.C.	<input type="checkbox"/> Add
		500 Fifth Avenue, New York, NY 10110	<input checked="" type="checkbox"/> Remove
MGR	Paul Krasker	c/o Law Office of Paul A. Krasker, P.A.	<input checked="" type="checkbox"/> Add
		1615 Forum Pl., 5th Floor, West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Paul Krasker

Typed or printed name of signee

Filing Fee: \$25.00

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2021 AUG 26 PM 12:40  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA