

MZ1000014355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

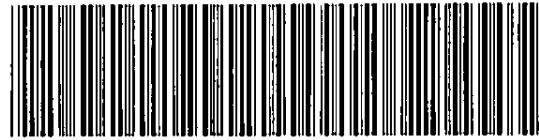
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300425455893

04/08/24--01005--006 \$26.00

CD  
2024 APR -5 AM 8:11  
STATE  
TALLAHASSEE, FL

RECEIVED  
2024 APR -5 PM 4:15  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 APR -5 PM 4:15  
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: TARGETED STRATEGIES (WASHINGTON) 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 liability company is: M21000014355

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: 10/27/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: EAGLE CREST (WASHINGTON) 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*

\_\_\_\_\_, **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

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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

RECEIVED  
STATE  
AM 8:11  
JAN 8 2011  
TALLAHASSEE, FL

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

**Garnet Morris**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

Filed  
Secretary of State  
State of Washington  
Date Filed: 10/10/2023  
Effective Date: 10/10/2023  
UBI #: 604 626 370

## AMENDED CERTIFICATE OF FORMATION

### BUSINESS INFORMATION

Business Name:  
EAGLE CREST (WASHINGTON) LLC

UBI Number:  
604 626 370

Business Type:  
WA LIMITED LIABILITY COMPANY

Business Status:  
ACTIVE

Principal Office Street Address:  
473 CORNISH RD, SASKATOON, SK, S7T 0V1, CANADA

Principal Office Mailing Address:  
473 CORNISH RD, SASKATOON, SK, S7T 0V1, CANADA

Expiration Date:  
06/30/2024

Jurisdiction:  
UNITED STATES, WASHINGTON

Formation/Registration Date:  
06/26/2020

Period of Duration:  
PERPETUAL

Inactive Date:

Nature of Business:

ED  
2023-10-10 5 AM 8:11  
CLERK OF STATE  
TAMMASEE, FL

### BUSINESS TYPE

Current Business Type:  
WA LIMITED LIABILITY COMPANY

Amend Business Type:

### BUSINESS NAME

Business Name:  
EAGLE CREST (WASHINGTON) LLC

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
GARNET MORRIS	399 H ST UNIT 102, BLAINE, WA. 98230-4113, UNITED STATES	399 H ST UNIT 102, BLAINE, WA, 98230-4113, UNITED STATES

#### PRINCIPAL OFFICE

Phone:

306-261-9239

Email:

GARNET.MORRIS.PERSONAL@GMAIL.COM

Confirm Email:

GARNET.MORRIS.PERSONAL@GMAIL.COM

Street Address:

473 CORNISH RD, SASKATOON, SK, S7T 0V1, CANADA

Mailing Address:

473 CORNISH RD, SASKATOON, SK, S7T 0V1, CANADA

#### DURATION

Duration:

PERPETUAL

#### EFFECTIVE DATE

Effective Date:

10/10/2023

#### RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

#### UPLOADED DOCUMENTS

Document Type	Source	Created By	Created Date
No Value Found.			

#### UPLOAD ADDITIONAL DOCUMENTS

Name	Document Type
No Value Found.	

#### EMAIL OPT-IN

☒ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

#### AUTHORIZED PERSON - STAFF CONSOLE

☒ Document is signed.

Person Type:

ENTITY

First Name:

PETER

Last Name:

UPFOLD

Entity Name:

REDA & DESJARDINS

Title:

ED  
2023-05-05 AM 8:11  
OFFICE OF STATE  
TREASURER, FL

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.



APR 17 2024

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 3 