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Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Destiny LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
G. Greg Souris Name of Person
G&D Home Connection, LLC Firm/Company
348 Crestview Dr. Address
Ponte Vedra, FL 32081 City/State and Zip Code
Greg Souris a grail (corn E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
G. Gres Souris at (904) 460-4589 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: \$\frac{1}{4}\$\$25 Filing Fee \$\bigcup \$\$30 Filing Fee & \$\bigcup \$\$55 Filing Fee & \$\bigcup \$\$60 Filing Fee. \$ Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida De	partment of
State: DESTINY	<u>LC.</u>	· · · · · · · · · · · · · · · · · · ·
Enter new principal office address, if applicable:		2021
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Jame	POCT -7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	PMIZ: 17
2. The Florida document number of this limited fia	bility company is: M 21 \$\vec{\phi}\$	999: 14 680
3. Jurisdiction of its organization:	MING	
4. Date authorized to do business in Florida:		21
SECTION II (5-9 complete only the applicable of the limited liability company: (must	changes) DESTINY contain/Limited Liability Comp	pany, ""L.L.C.," or "L.L.C.")
GEORGE GREGO	ORY SOURIS,	LLC
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting but aging members adopting the alte	siness in Florida and attach a
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac		enter the name of the new
Name of New Registered Agent:	Same	
New Registered Office Address:	Enter Florida	Stroot Addrace
	Linei I wildi.	
	City	, Florida 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.

Fitle/ Capacity	Name	<u>Address</u>	Type of Actio
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aforementioned am	he law of which this entity is organi	he official having custody of records in	⊟Remo

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