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.

(((H21000445928 3)))



H210004459283ABC2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEGGS & LANE Account Number: I20020000155

: (850)432-2451 Fax Number : (850)469-3331

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

RLJOBEGGSLANE. COM Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5100 PENSACOLA STOLLEY, LLC

Certificate of Status	0
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S. PRATHER

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## COVER LETTER ,

TO: Registration Division of	Section Corporations			, <u>-</u>
SUBJECT: 5100 Pc	ensacola Stolley, LLC			
SUBJECT:	Name of Foreign	n Limited Lia	bility Cor	npany
Dear Sir or Madam:				
The enclosed applic	ation, certificate and fee(s)	arc submitted	for filing	
Please return all cor	respondence concerning thi	s matter to th	e followin	eg:
Robert L. Jones, III				
_	Name of Person			
Reggs & Lanc, RLLP				
	Firm/Company		_	
501 Commendencia St	rect			
	Address			
Pensacola, FL 32502				
<del>-</del>	City/State and Zip Code	<del></del>		
RLJ@BEGGSLANE.G	СОМ			
E-mail address: (	to be used for future annual	report notific	cation)	
For further information	tion concerning this matter,	please call:		
Robert L. Jones, III	•	850 at (	432-24	151
Nan	ne of Person		ic & Dayı	ime Telephone Number
P.O. Box 6	n Section Corporations		Division The Ce 2415 N	ddress: ation Section on of Corporations entre of Tallahassec J. Monroe Street, Suite 810 assee, FL 32303
_	a check for the following			
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Certified	•	S60 Filing Fee, Certificate of Status &
CR2E055 (9/15)				Certified Copy
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION	N I (1-4 must be completed)	TALL
. Name of limited liability Company as it appear	rs on the records of the Florida De	epartment of
State: 5100 Pensacola Stolley, LLC		ξ. 1 -
einter new principal office address, if applicable:	N/A	
<u>Principal office address</u> MUST BE A STREET ADDRESS)		STATE
Enter new mailing address, if applicable:  Mailing address  MAYBE A POST OFFICE BOX)	N/A	
2. The Florida document number of this limited li-	ability company is: M2100001539	28
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Nov	ember 17, 2021	
SECTION II (5-9 complete only the applicable		
e si a caracte sa recession a la N		pany, ""L.L.C" or "LLC.")
If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	inaging members adopting the alt	usiness in Florida and attach a emate name. The alternate name
<ol> <li>If amonding the registered agent and/or register registered agent and/or the new registered office a</li> </ol>		, enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address: N/A	r el il	C
	Enter riorida	Street Address
_	City	, Florida
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 t	ent and agree to act in this capac r and complete performance of m stered agent as provided for in Cl e in the registered office address,	y duties, and I am familiar with capter 605, F.S. Or, if this

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Member	Spark Acquisition Holdings, LLC	41 N. Jefferson St., 4th Fluor	
		Pensacola, FL 32502	=Remo
Member	Stolley Holdings, LLC	41 N. Jefferson St., 4th Floor	BAdd
		Pensacola, FL 32502	
			⊡∧dd
		<u> </u>	□Remo
			\_Add
			□Remo

Typed or printed name of signee

Filing Fec: \$25.00