

Ma1000015154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

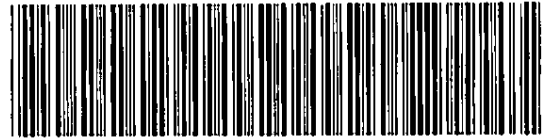
(Document Number)

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

Special Instructions to Filing Officer

**J. HORNE**  
**DEC 21 2023**

Office Use Only



500419909905

23 DEC 20 PM 12:38  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/20/23  
Order #: 1355856-1  
Re: Jacksonville Imeson Propco, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
I20000000195 Authorization: 

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: Jacksonville Imeson PropCo, LLC

Enter new principal office address, if applicable: c/o Saxum Real Estate

**(Principal office address**

**MUST BE A STREET ADDRESS)**

359 Springfield Avenue 2nd FL

Summit, NJ 07901

Enter new mailing address, if applicable:

**(Mailing address**

**MAY BE A POST OFFICE BOX)**

c/o Saxum Real Estate

359 Springfield Avenue 2nd FL

Summit, NJ 07901

2. The Florida document number of this limited liability company is: M21000015654

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 19, 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

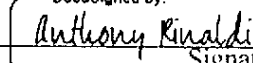
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Change Authorized Person from Saxum Investment Company, LLC to Jacksonville Imeson Cold Storage, LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Saxum Investment Company, LLC	1141 Shady Lane	<input type="checkbox"/> Add
		Austin, TX 78721	<input checked="" type="checkbox"/> Remove
Authorized Person	Jacksonville Imeson Cold Storage, LLC	c/o Saxum Real Estate 359 Springfield Avenue 2nd Fl.	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<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

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.

DocuSigned by:  
  
 2EA7EAD9CA9842A Signature of the authorized representative

Anthony Rinaldi

Typed or printed name of signee

Filing Fee: \$25.00