

M220000000354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

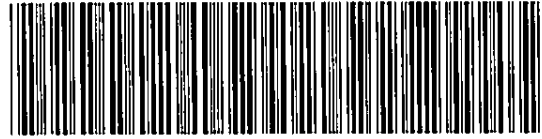
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700436712577

FILED

2024 SEP 19 AM 9:59

TALLAHASSEE, FLORIDA

RECEIVED

2024 SEP 19 PM 3:26

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 09/19/24
Order #: 1628430-1
Re: Cardinal Equipment Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Amanda Miller", is written in a cursive style.

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: Cardinal Equipment Services, LLC

Enter new principal office address, if applicable: 10117 Princess Palm Ave., Suite 350, Tampa, FL 33610

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

10117 Princess Palm Ave., Suite 350, Tampa, FL 33610

2. The Florida document number of this limited liability company is: M22000000354

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/6/2022

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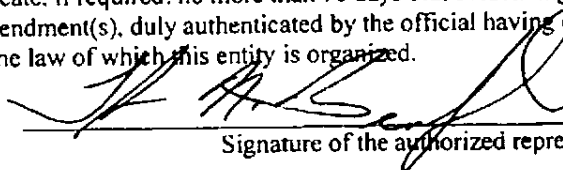
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Note: Below, we are only correcting TROY D. TAYLOR'S title from "Manager"

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary	Moreno, Sara-Ashley	2925 Richmond Ave., Suite 1600 Houston, TX 77098	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Signatory	Benford, Thomas N.	10117 Princess Palm Ave., Suite 100 Tampa, FL 33610	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
President & Chief Executive Officer	Taylor, Troy D.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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.


Signature of the authorized representative

Thomas N. Benford

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-17693