M22000000630

_____
(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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Global Administrators, 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:

Charles Kruse
_____
Name of Person

Year to Year Consulting, L.L.C.
_____
Firm/Company

1580 North Point Prairie Rd
_____
Address

Wentzville, MO 63385
_____
City/State and Zip Code

charles.kruse@y2yc.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Kruse   636   639-1880
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                               Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee   ☐ $30 Filing Fee &   ☐ $55 Filing Fee &   ☐ $60 Filing Fee,
                       Certificate of Status   Certified Copy   Certificate of Status &
                                                                     Certified Copy

CR2E055 (9/15)

:2

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: New Global Administrators, 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: M22000000630 _____

3. Jurisdiction of its organization: Massachusetts _____

4. Date authorized to do business in Florida: 01/11/2022 _____

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

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:

_____

Title/ Capacity	Name	Address	Type of Action
AP	James Hoffman	20 Cabot Blvd., Suite 400	☐ Add
		Mansfield, MA 02048	■ Remove
AP	Jeremy Lux	25541 Commercentre Drive, Suite 100	■ Add
		Lake Forest, CA 92630	☐ Remove
AP	Melanie Gionet	25541 Commercentre Drive, Suite 100	■ Add
		Lake Forest, CA 92630	☐ Remove
AP	Andrew Seger	25541 Commercentre Drive, Suite 100	■ Add
		Lake Forest, CA 92630	☐ Remove
AP	Sora Kim	25541 Commercentre Drive, Suite 100	■ Add
		Lake Forest, CA 92630	☐ 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

Jeremy Lux
_____
Typed or printed name of signee

Filing Fee: $25.00

4