

M22 00000 3973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

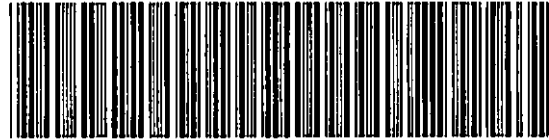
(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2022

CHRISTOPHER BEDOR
DARWIN CX, LLC
2323 N. STATE STREET, UNIT 32
BUNNELL, FL 32110

SUBJECT: DARWIN CX, LLC
Ref. Number: M22000003973

We have received your document for DARWIN CX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6942.

Becky McKnight
Operations & Management Consultant Mgr Letter Number: 422A00023992

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Darwin CX, 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:

Christopher Bedor
Name of Person

Darwin CX, LLC
Firm/Company

2323 N. State Street, Unit 32
Address

Bunnell, FL 32110
City/State and Zip Code

chris.bedor@darwin.cx
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Bedor at (610) 212-3042
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: Darwin CX, LLC

Enter new principal office address, if applicable: 2323 N. State Street, Unit 32

(Principal office address
MUST BE A STREET ADDRESS) Bunnell, FL 32110

Enter new mailing address, if applicable: 2323 N. State Street, Unit 32
(Mailing address
MAY BE A POST OFFICE BOX) Bunnell, FL 32110

2. The Florida document number of this limited liability company is: M22000003973

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 16, 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Jon Soucy	2323 N. State Street, Unit 32	<input checked="" type="checkbox"/> Add
		Bunnell, FL 32110	<input type="checkbox"/> Remove
Legal	Christopher Bedor	2323 N. State Street, Unit 32	<input checked="" type="checkbox"/> Add
		Bunnell, FL 32110	<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.

Christopher Bedor

Signature of the authorized representative

Christopher Bedor

Typed or printed name of signee

Filing Fee: \$25.00

FILED
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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA