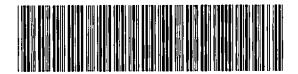
| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
|   |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
| a. SILAS JUN 17 2022                    |  |

Office Use Only



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FILED 2022 JUN 16 AM II: 38

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

| ACCOUNT NO. : 12000000195  |
|--|
| REFERENCE : 746659 7221335   |
| AUTHORIZATION : Spelle ale man                                     |
| COST LIMIT : \$ 25.00  |
| ORDER DATE : June 16, 2022   |
| ORDER TIME : 9:06 AM   |
| ORDER NO. : 746659-005   |
| CUSTOMER NO: 7221335   |
|  |
| FOREIGN FILINGS  |
| NAME: FORT MYERS ANUSA, LLC  |
| CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY         |
| XXXX AMENDMENT   |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                    |
| CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACTORIUS BUSINESS IN FLORIDA

SECTION L(1-4 must be completed)

| Name of limited liability Company as it appears of State:  Fort Myers ANUSA, LLC   | n the records of the F   | Florida Department of LAHASSEE, FL   |  |  |
|--|--|--|--|--|
| 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 liabil  | lity company is: M22   | 2000005539   |  |  |
| 3. Jurisdiction of its organization: Delaware  |  |  |  |  |
| 4. Date authorized to do business in Florida: 04/11/2  | 022  |  |  |  |
| SECTION II (5-9 complete only the applicable cha   | anges)   |  |  |  |
| 5. New name of the limited liability company: (must company)   | ontain "Limited Liab   | ility Company, ""L.L.C.," or "LLC.")   |  |  |
| (If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."   | ging members adopting  | sacting business in Florida and attach a ng the alternate name. The alternate name |  |  |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office additional and/or the new registered agent and/or the new registered office additional and/or the new registered agent agent and/or the new registered agent a |  | r records, enter the name of the new   |  |  |
| Name of New Registered Agent:  |  | -  |  |  |
| New Registered Office Address:   |  |  |  |  |
|  | Enter Florida Street Address   |  |  |  |
|  | City   | , Florida<br>Zip Code  |  |  |
| N Desired Assessed to the Control of | -  | Dip Couc   |  |  |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in   | and agree to act in th<br>nd complete performa<br>ed agent as provided ; | nce of my duties, and I am familiar with for in Chapter 605, F.S. Or, if this      |  |  |

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

| Removing Coleman Edmunds as Manager and replacing him with Nicholas Andrew Schnelle as Manager |   |   |                |  |  |  |  |
|--|---|---|----------------|--|--|--|--|
| Citle/ Capacity  | <u>Name</u>   | <u>Address</u>                                      | Type of Action |  |  |  |  |
| Manager  | Coleman Edmunds   | 200 SW 1st Ave., 14th Floor                         | □Add           |  |  |  |  |
|  |   | Fort Lauderdale, FL 33301                           | ≡Remo          |  |  |  |  |
| Manager  | Nicholas Andrew Schnelle  | 200 SW 1st Ave., 14th Floor                         | <b>=</b> Add   |  |  |  |  |
|  |   | Fort Lauderdale, FL 33301                           | □Remo          |  |  |  |  |
|  |   |   | □Add           |  |  |  |  |
|  |   |   | □Remo          |  |  |  |  |
|  |   |   | □Add           |  |  |  |  |
|  |   |   | □Remo          |  |  |  |  |
|  |   | <del></del>   | □Add           |  |  |  |  |
| aforemention   | a certificate, if required: no more that oned amendment(s), duly authenticate under the law of which this entity is | ed by the official having custody of records in the | □Remo          |  |  |  |  |

er ti

Filing Fee: \$25.00