

M2200000 1521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

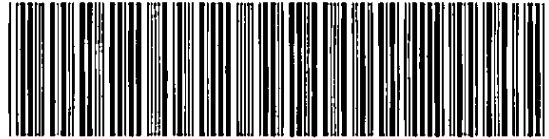
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 14 2022

Office Use Only



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09/14/22--01009--010 **60.00

FILED
2022 SEP 14 PM 2:54
SECRETARY OF THE
FALL ARKANSAS

2022 SEP 14 PM 2:38
J. HORNE
SEP 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCMS Investments, 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:

Andrew Ellison

Name of Person

Silverline Trailer

Firm/Company

PO Box 937

Address

Dexter, MO 63841

City/State and Zip Code

aellison@silverlinetrailer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Ellison

at (270) 705-1677

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

**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: ~~Miss~~ BCMS Investments, LLC

Enter new principal office address, if applicable: 907 South Hickory Street

(Principal office address
MUST BE A STREET ADDRESS) Dexter, MO 63841

Enter new mailing address, if applicable: PO Box 937

(Mailing address
MAY BE A POST OFFICE BOX) Dexter, MO 63841

2. The Florida document number of this limited liability company is: M22000007527

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: 4/26/22

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: Andrew Ellison

New Registered Office Address: 4500 US HWY 17 North

Enter Florida Street Address

Bartow

City

Florida 33830

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

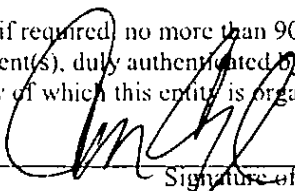
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Please change current authorized persons from "M" to "MBR" to comply with Florida DMV Licensing Req.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Matthew A Sims	10661 Wagon Trail	<input checked="" type="checkbox"/> Add
		Dexter, MO 63841	<input type="checkbox"/> Remove
MBR	Benjamin M Clark	2918 Craven Road	<input checked="" type="checkbox"/> Add
		Poplar Bluff, MO 63901	<input type="checkbox"/> Remove
MGR	Andrew M Ellison	3311 State Route 58 East	<input checked="" type="checkbox"/> Add
		Mayfield, KY 42066	<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.



Signature of the authorized representative

Andrew Ellison

Typed or printed name of signee

Filing Fee: \$25.00