

M22000007527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

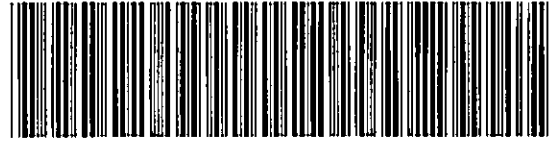
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED

2022 JUL 25 PM 4:29

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

A 1111

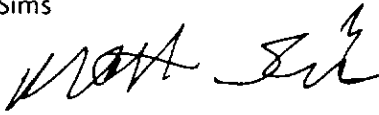
OCT 19 2022

Meeting Minutes of BCMS Investments, LLC

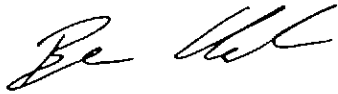
The members of BCMS Investments, LLC held a board meeting on July 14, 2022. All members, Matt Sims and Ben Clark were present for the meeting.

The item of adding CFO Andrew Ellison to be named registered agent and manager BCMS Investments, LLC for the state of Florida was unanimously.

Matt Sims

A handwritten signature in black ink, appearing to read "Matt Sims", with a stylized flourish at the end.

Ben Clark

A handwritten signature in black ink, appearing to read "Ben Clark", with a stylized flourish at the end.

## 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

BCMS Investments, LLC

\_\_\_\_\_  
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 ) 7051677

\_\_\_\_\_  
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**

FILED

**SECTION I (1-4 must be completed)**

2022 JUL 25 PM 4:29

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BCMS Investments, LLC

FILED  
JUL 27 2022  
STATE  
OFFICE

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:

**(Mailing address**

**MAY BE A POST OFFICE BOX)**

PO Box 937

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: n/a  
(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: 2981 Penn Avenue

*Enter Florida Street Address*

Marianna

Florida 32448

*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:

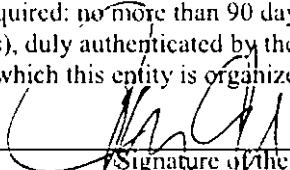
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Andrew Ellison	2981 Penn Avenue	<input checked="" type="checkbox"/> Add
_____	_____	_____	_____
_____	_____	Marianna, FL 32448	<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
_____	_____	_____	<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**