

M22000000 8044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

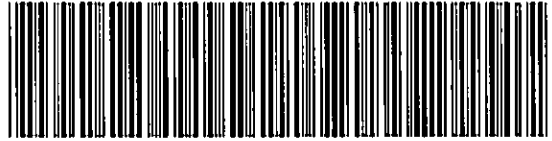
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100399005751

Amend

12/21/22--01003--001 **25.00

RECEIVED

2022 DEC 20 PM 3:30

2022 DEC 20 AM 9:39

FILED

A. RAMSEY
DEC 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All-Star Equipment Sales & Rentals, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

James T. Roe
Name of Person

All-Star Equipment Sales & Rentals, LLC
Firm/Company

311 White Street
Address

New Castle, PA 16101
City/State and Zip Code

jroe@horizon-equip.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Jim Roe at (724) 836-3994
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: All-Star Equipment Sales & Rentals, 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: M1220000008044

3. Jurisdiction of its organization: PA

4. Date authorized to do business in Florida: 05 20 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: Corporate Creations Network, Inc.

New Registered Office Address: 801 U.S. Highway 1

Enter Florida Street Address

North Palm Beach

Florida 33408

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.

Rachel Kauffman

Rachel Kauffman, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

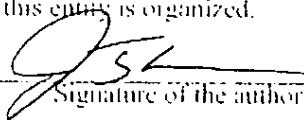
If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Add Managers Remove Authorized Persons

<u>Title Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Saad, Theodore A.	2600 Wilmington Road	☐ Add
		New Castle, PA 16105	☒ Remove
MGR/AP	Roe, James T.	311 White Street	☒ Add
		New Castle, PA 16101	☐ Remove
MGR	Joseph, George P.	311 White Street	☒ Add
		New Castle, PA 16101	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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

JAMES T. ROE

Typed or printed name of signer

Filing Fee: \$25.00