

M22000099162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

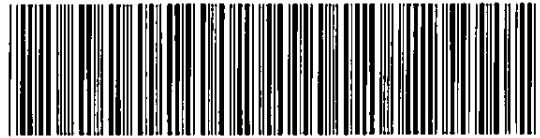
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/28/23--01014--005 **25.00

5/15/23
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FILED
2023 MAR 28 AM 9:34
CLERK OF STATE
TALLAHASSEE, FL

5

SUBJECT: Shaw360 LLC

Name of Foreign Limited Liability Company

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ben Shaw

Name of Person

Shaw360 LLC

Firm/Company

952 S. 3rd Street, Suite 201

Address

Louisville, KY 40203

City/State and Zip Code

ben.shaw@shawsecure.com

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

For further information concerning this matter, please call:

Ben Shaw

at (502) 377-5499

Name of Person

Area Code & Daytime Telephone Number

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: Shaw 360 LLC

Enter new principal office address, if applicable: 521 Copeland Street

(Principal office address
MUST BE A STREET ADDRESS) Jacksonville, FL 32204

Enter new mailing address, if applicable: 521 Copeland Street

(Mailing address
MAY BE A POST OFFICE BOX) Jacksonville, FL 32204

2. The Florida document number of this limited liability company is: M22000009962

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: 6/10/2022

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

City Florida 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

2023 MAR 28 AM 9:34
SECRETARY OF STATE
MAIL ROOM/SSS, FL.

FILED

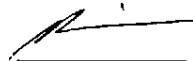
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Change Dee Shaw to Deanna Shaw

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	DeAnna Shaw	952 S.3rd St. Suite 201, Louisville, KY 40203	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AP	Dee Shaw	952 S 3 ST STE 201, Louisville, KY 40203	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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

Ben Shaw

Typed or printed name of signee

Filing Fee: \$25.00