

8/22/22, 10:22 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TIRE OUTLET DIRECT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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AUG 23 2022

K. Brumley

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# 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: Tire Outlet Direct, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)3945 E Fort Lowell Road #211TUCSON, AZ 85712

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)3945 E Fort Lowell Road #211TUCSON, AZ 857122. The Florida document number of this limited liability company is: M220000113993. Jurisdiction of its organization: DELAWARE4. Date authorized to do business in Florida: 7/21/2022

## 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: C T Corporation SystemNew Registered Office Address: 1200 South Pine Island RoadEnter Florida Street AddressPlantationFlorida 33324CityZip CodeNew 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.*

Mark Phuen - Assistant Secretary

If Changing Registered Agent, Signature of New Registered AgentAPPROVED  
AND  
FILED

2022 AUG 22 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

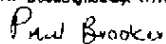
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARRON, DAVID S	1302-B EASTPORT RD.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Remove
AMBR	PUCKETT, ANTHONY	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
AMBR	ARMBRUSTER, GREG	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
AMBR	SCHEVE, DAVE	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
AMBR	BROOKER, PAUL	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<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  
8/19/2022

Paul A. Brooker, General Counsel

Typed or printed name of signee

Filing Fee: \$25.00