

8/22/22, 10:16 AM

Division of Corporations

Florida Department of State

M22 0000 11624

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 HOLDINGS, LLC**

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

2022 AUG 22 AM 10:50

2022 AUG 22 AM 9:07
SECRETARY OF STATE
MAIL ROOM, FLORIDA

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DocuSign Envelope ID: 4B619E3D-38FB-467B-B784-B7D8D2D9199D

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 HOLDINGS, 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: M22000011624

3. Jurisdiction of its organization: DELAWARE

4. 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 System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida 33324

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.



Alex Pruitt - Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

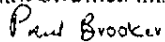
DocuSign Envelope ID: 4B619E3D-38FB-467B-B784-B7D8D2D9199D

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