Ma20000 13592

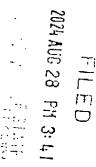
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE AUG 3 U 2024

Office Use Only



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08/28/24--01026--004 **30.00



COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	Applied Data Finance, LLC			
	Name of Foreig	ın Limited Liab	ility Con	ipany
Dear Sir or M	1adam:			
The enclosed	application, certificate and fee(s)	are submitted f	for filing.	
Please return	all correspondence concerning th	is matter to the	followin	g:
Gregory Gerki	n			
	Name of Person		-	
Applied Data I	Finance, LLC			
	Firm/Company		-	
15373 Innovat	ion Drive. Suite 380			
	Address		-	
San Diego, CA	x 92128			
	City/State and Zip Cod	e	-	
legal@applied	datafinance.com			
E-mail add	fress: (to be used for future annua	report notifica	tion)	
For further in	formation concerning this matter.	please call:		
Gregory Gerki	n	858 at (831-87.	35
	Name of Person	Area Code	& Dayti	me Telephone Number
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Division The Cer 2415 N.	Idress: Ition Section It of Corporations Intre of Tallahassee Monroe Street, Suite 810 Issee, FL 32303
Enclo	Fee \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Certified C		☐ \$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: Applied Data Finance, LLC		
Enter new principal office address, if applicable:		The state of the s
		10 16 C
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
-		
Enter new mailing address, if applicable:		3.547
(Mailing address		2
MAY BE A POST OFFICE BOX		
-	N422000012	502
2. The Florida document number of this limited liab	oility company is:	392
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: $\frac{8/29/2}{2}$	2022	
SECTION II (5-9 complete only the applicable cl		
5. New name of the limited liability company:	•	
5. New name of the limited liability company: (must o	contain "Limited Liability Co	mpany, ""L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C.	aging members adopting the a	
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change it liability company has been notified in writing of this	sistered Agent: I and agree to act in this capa and complete performance of t red agent as provided for in C In the registered office address	ny duties, and I am familiar with Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity Manager	Name	Address Type	Type of Acti	
	Joseph Toms	15373 Innovation Dr. Ste 380. San Diego, CA	≡ Ade	
			□Ren	
Aanager ——	Alex Dunev	15373 Innovation Dr. Ste 380. San Diego, CA	≣Add	
			□Ren	
Manager	Grant Mitchell	15373 Innovation Dr. Ste 380. San Diego, CA	≘ Add	
			□Ren	
Manager	Benjamin Sayer	15373 Innovation Dr, Ste 380, San Diego, CA	≣Add	
			⊡Ren	
			□Add	
aforemention		o more than 90 days old, evidencing the athenticated by the official having custody of records in the sentity is organized. Signature of the authorized representative	□Ren	

Filing Fee: \$25.00