

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M22000014523

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(((H23000281241 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

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

RECEIVED

2023 AUG 18 PM 12:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PERCH PARKING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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AUG 20 2023

# 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: Perch Parking, LLC

Enter new principal office address, if applicable: 11714 Camden Park Drive

(Principal office address  
MUST BE A STREET ADDRESS)

Orlando FL 34786

Enter new mailing address, if applicable: 11714 Camden Park Drive

(Mailing address  
MAY BE A POST OFFICE BOX)

Orlando Florida 34786

2. The Florida document number of this limited liability company is: M22000014523

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 09 19 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 office 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: Registered Agents Inc

New Registered Office Address: 7901 4th St N STE 300

Enter Florida Street Address

St. Petersburg

Florida

City

33702

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.*

David Booris

If Changing Registered Agent, Signature of New Registered Agent

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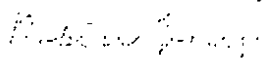
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

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>
MBR	Tarlowe, Dylan	346 HENDERSON BLVD	<input type="checkbox"/> Add
		SLEEPY HOLLOW, NY 10591	<input checked="" type="checkbox"/> Remove
MBR	Tarlowe, Austin	346 HENDERSON BLVD	<input type="checkbox"/> Add
		SLEEPY HOLLOW, NY 10591	<input checked="" type="checkbox"/> Remove
MBR	Shear, Ryan	5211 W NEPTUNE WAY	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
MBR	Paulsen, James	1245 SW 9th Rd	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Robin Jones

Typed or printed name of signee

Filing Fee: \$25.00