M22000015192

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Addiess) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Namoer) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| , |
| |
| |
| |
| |
| |
| |
| |





800436872868

09/20/24--01019--025 **52.50



2024 OCT 21 AM 9: 04 SEGLETABY OF STATE

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 appear | | • |
|--|--|---|
| State: Grid Construc | tion, LLC | |
| Enter new principal office address, if applicable: | | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| 2. The Florida document number of this limited lia | ability company is: | 2000015192 |
| 3. Jurisdiction of its organization: | Arizon a | |
| 4. Date authorized to do business in Florida: | 9/30/2022 | |
| SECTION II (5-9 complete only the applicable | changes) | |
| 5. New name of the limited liability company: (mus | t contain "Limited Liability | Company, ""L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. | I for the purpose of transacting the members adopting the C." or "LLC.") | ng business in Florida and attach a ne alternate name. The alternate nam |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office a | | ords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | P., [7] | prida Street Address |
| | Enter Fit | |
| | City | Florida Zip Code |
| Name Description of August's Computings of Shanning D. | mintaged Assessed | |

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 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.

| Fitle/ Capacity | Name | | <u>Address</u> | Type of Action |
|-----------------|-------------------|--------|---|----------------|
| enner. | Steve | Holden | 14-16 Nighthaw | K PT DAdd |
| | | | Naples, FL 3 | 4105 Dremo |
| ember | Ryan | Holden | 718 W. Business | |
| | | | Pexter, MO 6 | 384/ Alemo |
| ember | Steve | Burkey | 600 Cloveland 5 | H 🗆 |
| | | | Clearwater, Fr | 33755 &Remo |
| - | | | | □Add |
| | | | | □Remo |
| | i <u>a</u> . | | | □Add |
| aforementione | d amendment(s), d | | nys old, evidencing the ne official having custody of records in ted. | □Remo |

Filing Fee: \$25.00