

M22000015619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

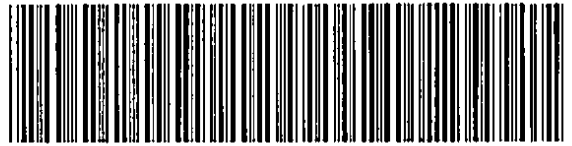
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 FEB 14 PM 3:32

FILED  
STATE  
TALLAHASSEE, FL

2023 FEB 14 AM 10:32

2/15/2023

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 02/14/2022  
Acc#120160000072

*en: c SW*

Name:	Camelot MHP LLC
Document #:	
Order #:	14781900 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Email Address for Annual Report Notification

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Amount: \$ 25.00

Thank you!

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SECURITY TAT  
TALLAHASSEE, FL

Camelot MHP, LLC

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

bility company is: M22000015619

Delaware

10/10/22

## changes)

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

for the purpose of transacting business in Florida and attach

ed officer address on our records, enter the name of the new

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_

**Florida**

Registered Agent:

*and agree to act in this capacity. I further agree to comply*

Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Tom Del Basco	1 Engle St. STE: 201 Englewood NJ, 07631	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AP	Marc Edwards	10151 Deerwood Park Blvd.	<input checked="" type="checkbox"/> Add
		Jacksonville FL, 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

Marc Edwards  
Signature of the authorized representative

Marc Edwards

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00