## M2200017690

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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900412156599

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 909989 4341431	
AUTHORIZATION: Spresseleman	
COST LIMIT : \$ 25.00	
ORDER DATE : July 28, 2023	-
ORDER TIME : 9:16 AM	
ORDER NO. : 909989-010	
CUSTOMER NO: 4341431	
	- <b>-</b>
FOREIGN FILINGS	
NAME: CYPRESS LAKES INVESTMENTS, LLC	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	
XXXX AMENDMENT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Eyliena Baker EXT#	

EXAMINER:

## 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: Cypress Lakes Investments, 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: M22000017690
3. Jurisdiction of its organization:  Delaware  4. Date authorized to do business in Florida:  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:
New Registered Office Address:
Enter Florida Street Address
, Florida
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.

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	<u>Name</u>	Address	Type of Actio
uthorized Person	David Napp	2999 North 44th Street, Ste 200	<b>=</b> Add
		Phoenix, Arizona 85018	
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			□Remo
421			 DAdd
			□Remo
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9. Attached is a	s certificate, if required: no more than	90 days old, evidencing the	□Re

Filing Fee: \$25.00