

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2300002243

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LRES HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 APR 20 PM 3:59

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COVER LETTER

H23000148148

TO: Registration Section
Division of Corporations

SUBJECT: LRES HOLDINGS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Layna Braze

Name of Person

LRES HOLDINGS, LLC

Firm/Company

765 The City Drive South, Ste 300

Address

Orange, CA 92868

City/State and Zip Code

compliance@lrescorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Morgan

Name of Person

at (775) 824-4158

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

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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: LRES HOLDINGS, LLC

Enter new principal office address, if applicable: same address, not new

(Principal office address

MUST BE A STREET ADDRESS)

765 THE CITY DRIVE SOUTH, SUITE 300

ORANGE, CA 92868

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

same address, not new

765 THE CITY DRIVE SOUTH, SUITE 300

ORANGE, CA 92868

2. The Florida document number of this limited liability company is: M23000002243

3. Jurisdiction of its organization: CA

4. Date authorized to do business in Florida: 2/20/2023

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

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

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Changing legal first name of Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	John Jacob Nice	222 N. LASALLE STREET, SUITE 1550	<input checked="" type="checkbox"/> Add
		CHICAGO, IL 60601	<input type="checkbox"/> Remove
Manager	Jacob Nice	222 N. LASALLE STREET, SUITE 1550	<input type="checkbox"/> Add
		CHICAGO, IL 60601	<input checked="" 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.



Signature of the authorized representative

John Jacob Nice

Typed or printed name of signer