## 12300000 9

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
(City/State/21p/r-Holle #)
PICK-UP WAIT MAIL
(Dusiness Estitutions)
(Business Entity Name)
(Document Number)
Contificat Conice
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.
MAY 16 2025
MALIORNA
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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/15/2025	-		⇔WALK IN
BEDRO	CK PALM TERRACE LI	С	WALK IIV
ENTITY NAME	ON THE TENTO E		·
DOCUMENT NUMBER_			
	**PLEASE FILE THE	ATTACHED AND RETURN**	
×××××	Plain Copy		
	Certified Copy		
	Certificate of Status		
<del></del>	Certified Copy of Arts ( Certificate of Good Stand		
<del></del>	**APOSTILLE' / NO	PTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT			
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	<u> </u>
· · · · · · · · · · · · · · · · · · ·		SRTHO	
Please call Tina at t	he above number kor a	ny issues or concerns. Thank you	so much!

## 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)

Enter new principal office address, if applicable:	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	PO Box 750 Westport CT 06880
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 750 Westport CT 06880
2. The Florida document number of this limited li	iability company is: M23000009839
3. Jurisdiction of its organization: Delaware	
	28/2023
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company:(mu	st contain "Limited Liability Company, " "L.L.C.," or "LLC."
	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate na .C." or "LLC.")
<ol><li>If amending the registered agent and/or register registered agent and/or the new registered office a</li></ol>	
registered agent and/or the new registered office a	
registered agent and/or the new registered office a	address here:

Title/ Capacity	<u>Name</u>	Address	Type of Actio
AR	Rhonda Stroud	650 FIFTH AVENUE STE 1601	<b>=</b> Add
		NEW YORK, NY 10019	□Rem
AR S	Samantha Anderes	650 FIFTH AVENUE STE 1601	<b>=</b> Add
		NEW YORK, NY 10019	Reme
AR Samı	Sammi Mitchell	650 FIFTH AVENUE STE 1601	<b>≣</b> ∧dd
		NEW YORK, NY 10019	□Rem
AR Tar	Tammy Vick	650 FIFTH AVENUE STE 1601	<b>=</b> Add
		NEW YORK, NY 10019	□Rem
			□Add
		than 90 days old, evidencing the	□Rem

Filing Fee: \$25.00