

1123 0000 14038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300418427973

RECEIVED
DIVISION OF CORPORATION
2023 NOV 15 PM 12:40

RECEIVED
SEC. OF STATE
TALLAHASSEE, FLORIDA
2023 NOV 15 PM 3:23

R. HUNT

11/15/23



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 11/15/23
Order #: 1318666-1
Re: ELB-Kehren USA, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195 Authorization:

Please take the following action:
File in your office on basis
Issue Proof of Filing

A handwritten signature in cursive script, likely of the sender, Eyliena Baker.

Special Instructions:

2023 NOV 15 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elb-Kehren USA, 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:

Craig Hedrick

Name of Person

Elb-Kehren USA, LLC

Firm/Company

6497 Debbie Ln S

Address

Saint Petersburg, FL 33707

City/State and Zip Code

m.hedrick@elb-kehren.com

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

For further information concerning this matter, please call:

Craig Hedrick

at (704) 494 - 4241

Name of Person

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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REGISTRATION SECTION
DIVISION OF CORPORATIONS

**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: Elb-Kehren USA, LLC

Enter new principal office address, if applicable: 6497 Debbie Ln S

(Principal office address
MUST BE A STREET ADDRESS) Saint Petersburg, FL 33707

Enter new mailing address, if applicable: 6497 Debbie Ln S

(Mailing address
MAY BE A POST OFFICE BOX) Saint Petersburg, FL 33707

2. The Florida document number of this limited liability company is: M23000014038

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/02/2023

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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DIVISION OF CORPORATE LAW

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

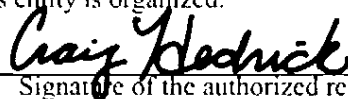
Pinellas County

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Presiden	Craig Hedrick	6497 Debbie Ln S	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL 33707	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

Craig Hedrick

Typed or printed name of signee

Filing Fee: \$25.00