

(((H24000235902 3)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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 SEE THROUGH PROSPECTS SE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEIMEUX

Electronic Filing Menu Corporate Filing Menu

Help

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)

State: See Through Prospects SE LLC Enter new principal office address, if applicable:	116 Venus Lane	
(Principal office address MUST BE A STREET ADDRESS)	Mooresville NC 28117	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mooresville NC 28117	
2. The Florida document number of this limited lia	ability company is: M24000008433	
3. Jurisdiction of its organization: North Carolina		
4. Date authorized to do business in Florida: 07/6	01/2024	
SECTION II (5-9 complete only the applicable	changes)	
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alternate	s in Florida and anach a name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Stree	t Address
	City	orida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I fi and complete performance of my dutie tered agent as provided for in Chapter in the registered office address, I here.	es, and I am familiar with 605, F.S. Or, if this

Jymerlyn Jerry Signature of the authorized representative

Tymberlyn Teefey, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00