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RICHARD H. POWELL & ASSOCIATES, INC.

Attorneys & Counselors At Law

RICHARD H. POWELL E-mail: rhplaw@powellpa.com

321 Brooks Street SE (32548) P. O. DRAWER 2167 FORT WALTON BEACH, FLORIDA 32549-2167 TEL (850) 243-7184 CELL (850) 585-2065

August 1, 2023

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: T and T Grandview LLC, a foreign limited liability company

Dear Sir or Madam:

The enclosed application form, Missouri certificate of registration of fictitious name and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Name: RICHARD H. POWELL

Firm: RICHARD H. POWELL & ASSOCIATES, Inc.

Address: 321 Brooks Street SE

City, State & Zip Code: Fort Walton Beach, FL 32548

Email: rhplaw@powellpa.com to be used for future annual report notification.

For further information concerning the matter, please call Richard H. Powell at 850.243.7184.

Enclosed is a check for \$60.00 for filing fee, Certificate of Status and Certified Copy.

Best regards,

RICHARD H. POWELL, Esq.

Enclosures

CC: Client via email

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 appear	s on the records of the Florida Department of
State: TAND T GRAND	view, LLC
Enter new principal office address, if applicable:	7733 FORSYTH BLUD. Ste 1375
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	5t. Louis, MO 63105
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	bility company is: M9790000319
3. Jurisdiction of its organization: Miss	เอบหา
4. Date authorized to do business in Florida:	
SECTION II (5-9 complete only the applicable of	changes)
(If name unavailable, enter alternate name adopted	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name
Name of New Registered Agent: Richard	H. TOWELL
New Registered Office Address: 321 BN	BOKS ST. SE Enter Florida Street Address
Fo	DET WALTON BEACH, Florida 32548 City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe 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 further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

itle/ Capacity	Name		<u>Address</u>	Type of Actio
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		. •		□Remo
				□Add
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				□Remo
				□Add
Attached is a certific:	ate if required	no more than 90	days old, evidencing the	□Remo

Typed or printed name of signee

Filing Fee: \$25.00



State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102 X001768982
Date Filed: 6/8/2023
Expiration Date: 6/8/2028
John R. Ashcroft
Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7,00) (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box: New × Registration □ Renewal Amendment The undersigned is doing business under the following name and at the following address: Business name to be registered: GRANDVIEW ON THE BEACH Business Address: 350 Solid Rock Rd (PO Box may only be used in addition to a physical street address) City, State and Zip Code: Saint Clair, MO 63077-3809 Owner Information: If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are: Charter # Name of Owners, Required If If Listed, Percentage Individual or Business **Business** of Ownership Must Entity Entity Street and Number City and State Zip Code **Equal 100%** T AND T 7733 Forsyth Blvd Suite GRANDVIEW, L.L.C. LC0011264 1375 St. Louis, MO 63105 100,00 All owners must affirm by signing below In Affirmation thereof, the facts stated above are true and correct: (The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575,060 RSMo) T AND T GRANDVIEW, L.L.C. - JEFF TAND T GRANDVIEW, L.L.C. - Jeff Tobler DPOA TOBLER DPOA 06/08/2023 Owner's Signature or Anthorized Signature of Business Entity Printed Name Date

Name and	address to return filed document:		
Name:	Jeffrey Tobler		
Address:	Email: jeff@eternalpromises.org		
City, State, and Zip Code:			