OCUMENT # . M990000020	021	•	FIL	i i	
Entity Name		6	OO MAY TO	· 😭 1; 02	
C. HOLDING, L.L.C.) - 1 1.0	GECRETARY EMULAHASSI	OF STATE	Ä
ncipal Place of Business St. S.	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
Devial CA 3	M75			1	
JUDWEIT, GIT J	O TO			1	
Principal Place of Business 589 FH anta St	589 Atk	inta St		· 	
Suite, Aptit, etc.	Sujte, Apr. #, etc.			RITE IN THIS SP	
Hys State CA	KOSWE)	I GA	4. FEI Number 58-2422	<u> </u>	Applied For Not Applica
Zip 30075 Country 5	^{zio} 30075	Country	5. Certificate of Status Desired		5.00 Additional se Required
6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of Nev	w Registered Ag	jent
H.K. Ned-Esq	· 0 -00 1 5	Street Address	s (P.O. Box Number is Not Accepta	ble)	
orinson, blakley, to	e rupe :	buns			
7000 Fl 320	20115 1800	City		FL	Zip Code
<u> </u>	to autoone of changing its	registered office or regist	tered agent, or both, in the State of	Florida	
he above named entity submits this statement for th	ie purpose oi crialiging its i	registered office of regist	tered agent, or both, in the otate of	rioriua.	
NATURE					
The above named entity submits this statement for the above named entity submits the above named entity submits and the above named entities are also above named entities and the above named entitles are also above named entities and the above named entities are also above named entities and the above named entities are also above named entities and the above named entities are also above named entitles and the above named entitles are also above named entities and the above named entitles are also above named entitles are also above named entities and the above named entitles are also above named entities and the above named entitles are also above named entitles are also above named entitles and the above named entitles are also a		Registered Agent signature requi		DATE	
NATURE	title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)		
NATURE Signature, typed or printed name of registered agent and to	title if applicable. (NOTE FILE: NO Make Check: Pay	Registered Agent signature requi	red when reinstating) 0 of State	DATE	
NATURE Signature, typed or printed name of registered agent and the signature. The signature is a signature of the signature of the signature. The signature is a signature of the signature of the signature of the signature. The signature is a signature of the signature of the signature of the signature of the signature. The signature is a signature of the sign	title if applicable. (NOTE FILE NO Make Check Pay S/MEMBERS	Registered Agent signature requi	red when reinstating) 0 of State	DATE	☐ Change ☐ Addii
NATURE Signature, typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature.	title if applicable. (NOTE FILE NO Make Check Pay S/MEMBERS	Registered Agent signature requi	red when reinstating) D of State ADDITION	DATE	_ • -
NATURE Signature, typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature.	title if applicable. (NOTE FILE NO Make Check Pay S/MEMBERS	Registered Agent signature requi	red when reinstating) D of State ADDITION - 115	NS/CHANGES	218 1005021
NATURE Signature, typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. Typed or printed name of registered agent and the signature. MANAGING MEMBERS Chris Broadon. SR9 AHAN to St.	title if applicable. (NOTE FILE NO Make Check Pay S/MEMBERS	Registered Agent signature requirements Note: The properties of t	red when reinstating) D of State ADDITION - 115	NS/CHANGES 107/00-0 ***50.00	_ • -
Signature, typed or printed name of registered agent and the signature. Signature, typed or printed name of registered agent and the signature. Signature, typed or printed name of registered agent and the signature. MANAGING MEMBERS MANAGING MEMBERS STATE ACCOUNTY STATE STATE ACCOUNTY STATE STATE ACCOUNTY STATE STATE SIGNATURE SIGNA	FILE NO Make Check Pay S/MEMBERS C Delete	Registered Agent signature requirements 10. 110. 111/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	red when reinstating) D of State ADDITION - 115	NS/CHANGES 107/00-0 ***50.00	218 1005021 *****50.0
Signature, typed or printed name of registered agent and the signature. Signature agent and the signature agent agent and the signature agent agent and the signature agent and the signature agent and the signature agent agent and the signature agent agent and the signature agent ag	FILE NO FILE NO Make Check Pay S/MEMBERS Delete Delete	Registered Agent signature requirements 10. 110. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	of State ADDITION ADDITION ***	NS/CHANGES 107/00-0 107/00-0	218 1005021 *****50.0
Signature, typed or printed name of registered agent and the signature. Typed or printed name of registered agent a	FILE NO Make Check Pay S/MEMBERS C Delete	Registered Agent signature requirements NULL FEE IS \$50.00 yable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	of State ADDITION ADDITION ***	NS/CHANGES 107/00-0 107/00-0	218 1005021 *****50.0 □ Change □ Addi
Signature, typed or printed name of registered agent and the signature. Typed or printed name of registered agent a	FILE NO FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements 10. 110. 111/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	of State ADDITION ADDITION ***	NS/CHANGES []	218
Signature, typed or printed name of registered agent and the signature. Typed or printed name of registered agent a	FILE NO FILE NO Make Check Pay S/MEMBERS Delete Delete	Registered Agent signature requirements WITH FEE IS \$50.00 yable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of State ADDITION ADDITION ***	NS/CHANGES []	218 1005021 *****50.0 □ Change □ Addi
Signature, typed or printed name of registered agent and its annual statement of the signature of the signat	FILE NO FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements 10. 110. 111/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of State ADDITION ADDITION ***	NS/CHANGES []	218
Signature, typed or printed name of registered agent and its segment and its s	FILE NO FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements 10. 110. 111/LE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME NAME	of State ADDITION ADDITION ***	VS/CHANGES 13 27 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	218 — — — — — — — — — — — — — — — — — — —
Signature, typed or printed name of registered agent and its annual statement of the signature of the signat	FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements WITH FEE IS \$50.00 yable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of State ADDITION ADDITION ***	VS/CHANGES 13 27 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Signature, typed or printed name of registered agent and the state of	FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of State ADDITION ADDITION ***	NS/CHANGES 107/00-0 ***50.00	Change
Signature, typed or printed name of registered agent and the second of t	FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements 10. 110. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of State ADDITION ADDITION ***	NS/CHANGES 107/00-0 ***50.00	
Signature, typed or printed name of registered agent and the standard of the s	FILE NO Make Check Pay S/MEMBERS C Delete Delete Delete Delete	Registered Agent signature requirements 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	of State ADDITION ADDITION ***	NS/CHANGES 107/00-0 ***50.00	Change