

N173 ULCOR 3370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

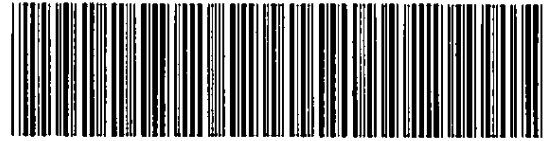
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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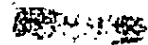
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DIVISION OF CORPORATIONS

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RECEIVED

2023 AUG 15 PM 3:32

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



R. HUNT

08/15/23

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 08/15/2023

Acc#120160000072

W: C D W

Name:	Data Brains, LLC
Document #:	
Order #:	15081581

Certified Copy of Arts & Amend:	<input type="checkbox"/>	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 2023 AUG 15 PM 12:40	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Data Brains, 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:

Michael Lockwood
Name of Person

Katten Muchin Rosenman LLP
Firm/Company

2121 N. Pearl St. Ste 1100
Address

Dallas, TX 75201
City/State and Zip Code

michael.lockwood@katten.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lockwood at (214) 765-3618
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

FULLY
 SECURE PART OF STATE
 DIVISION OF CORPORATIONS
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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: Data Brains, LLC

Enter new principal office address, if applicable: _____
6100 W Plano Pkwy, Ste 1800
(Principal office address MUST BE A STREET ADDRESS)
Plano, TX 75093

Enter new mailing address, if applicable: _____
6100 W Plano Pkwy, Ste 1800
(Mailing address MAY BE A POST OFFICE BOX)
Plano, TX 75093

2. The Florida document number of this limited liability company is: M23000003913

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/28/2023

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.")

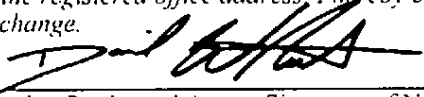
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, Florida 33324
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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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Removal of Leonard P. Vitello, Jr. as Manager and add new Manager and officer.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leonard P. Vitello, Jr.	13241 Bartram Park Blvd., Suite 1409	<input type="checkbox"/> Add
		Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
MGR	Argano, LLC	6100 W Plano Pkwy, Ste 1800	<input checked="" type="checkbox"/> Add
		Plano, TX 75093	<input type="checkbox"/> Remove
Other (CFO)	Kent Herring	6100 W Plano Pkwy, Ste 1800	<input checked="" type="checkbox"/> Add
		Plano, TX 75093	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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.

Deleted by
Kent Herring
 Signature of the authorized representative

Kent Herring

 Typed or printed name of signee

Filing Fee: \$25.00