

M14 00000 4976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

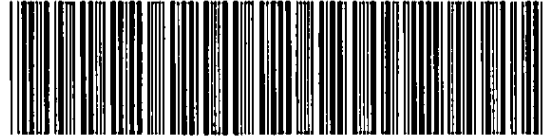
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900345643459

06/08/20--01010--004 **25.00

2020 JUL 23 PM 3:29

FILED

JUL 27 2020

S. YOUNG



2020 JUN 23 11 08:50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2020

LORRE B AUTIN
T. BAKER SMITH LLC
PO BOX 2266
HOUMA, LA 70361-2266

SUBJECT: T. BAKER SMITH, LLC
Ref. Number: M14000004976

We have received your document for T. BAKER SMITH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA, but your entity is a FOREIGN. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 820A00012429



Post Office Box 2266, Houma, LA 70361
412 South Van Avenue, Houma, LA 70363

985.868.1050 (P) 1.866.357.1050 (TF)
www.tbsmith.com 985.868.5843 (F)

July 16, 2020

Shelia H. Young
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: M14000004976
Letter No. 820A00012429
T. Baker Smith, LLC
Amendment to Surveyor of Record

Dear Ms. Young,

Per attached email dated July 13, 2020 from Stacy and your letter dated June 23, 2020, I have enclosed the correct completed forms and a copy of the letter with attachments.

Should you have any questions or require additional information, please contact me directly at 985.223.9259 or via email at lorre.autin@tbsmith.com.

Thank you for your time and efforts in this matter.

Sincerely,

T. BAKER SMITH, LLC

A handwritten signature in cursive script that reads "Lorre B. Autin". The signature is written in black ink and is positioned above a horizontal line.

Lorre B. Autin, Executive Assistant
Company Secretary

Enc.
/lba

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T. Baker Smith, 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:

Lorre B. Autin

Name of Person

T. Baker Smith, LLC

Firm/Company

P.O. Box 2266

Address

Houma, LA 70361-2266

City/State and Zip Code

lorre.autin@tbsmith.com

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

For further information concerning this matter, please call:

Lorre B. Autin at (985) 223.9259

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

**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: T. Baker Smith, LLC

Enter new principal office address, if applicable: N/A

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: N/A

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: LB8058 and M14000004976

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 7/14/2014

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

2020 JUL 23 PM 3:29
FILED

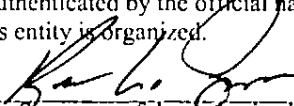
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Joe Maniscalco, Jr. LS6776

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P.E., P.L.	Joe Maniscalco, Jr.		<input type="checkbox"/> Add
		702 Woodvale Avenue - Lafayette, LA 70503	<input checked="" 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

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

Kenneth Wm. Smith, P.E., P.L.S., FACEC - Chief Executive Officer

Typed or printed name of signee

Filing Fee: \$25.00