

M16 000003184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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15 MAY 18 PM 1:32

MAY 19 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORIZON TERMINAL SERVICES 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:

ANTHONY VRBAN
Name of Person

HORIZON TERMINAL SERVICES LLC
Firm/Company

12724 GRAN BAY PKWY WEST SUITE 410
Address

JACKSONVILLE, FL 32258
City/State and Zip Code

ANTHONY.VRBAN@HORIZONTERMINALS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY VRBAN at (516) 351-7542
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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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: HORIZON TERMINAL SERVICES, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000003184

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: APRIL 15, 2016

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

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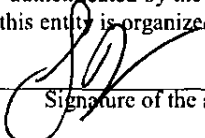
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>PER FOLKESSON</u>	<u>12924 GRAN BAY PKWY WEST</u> <u>SUITE 410, JACKSONVILLE FL 32258</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<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.



 Signature of the authorized representative
ANTHONY VRBAN

 Typed or printed name of signer

Filing Fee: \$25.00

State of Florida



Department of State

I certify from the records of this office that HORIZON TERMINAL SERVICES LLC, is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on April 15, 2016.

The document number of this limited liability company is M16000003184.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

16 MAY 18 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Eighteenth day of April, 2016



CR2EO22 (1-11)

Ken Retzner

Ken Retzner
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by HORIZON TERMINAL SERVICES LLC, a Delaware limited liability company, authorized to transact business within the state of Florida on April 15, 2016, as shown by the records of this office.

The document number of this limited liability company is M16000003184.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 18 PM 1:33

Given under my hand and the
Great Seal of the State of Florida
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Eighteenth day of April, 2016



CR2EO22 (1-11)

Ken Retzner

Ken Retzner
Secretary of State