

5/30/2019

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M190001727583

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

40:1 and ... 16102

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CUSTOMIZED CLEAN ENERGY TRANSPORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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MAY 31 2019

**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: CUSTOMIZED CLEAN ENERGY TRANSPORT, 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: M19000004053

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/22/2019

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)(e), indicate that change: Managers, Officers and Authorized Representatives to be replaced per the following and attached:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	FRANCIS EDWARD LARKIN	9487 Regency Square Blvd., Jacksonville, FL 32225	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Steven Michael Collar	9487 Regency Square Blvd., Jacksonville, FL 32225	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Robert Charles Weist, Jr.	9487 Regency Square Blvd., Jacksonville, FL 32225	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Corporate Secretary	Reece Brandon Alford	9487 Regency Square Blvd., Jacksonville, FL 32225	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Assistant Corporate Secretary	Arthur Ferguson Mead, III	9487 Regency Square Blvd., Jacksonville, FL 32225	<input checked="" 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
Saray Djidji, Attorney-in-Fact

 Typed or printed name of signee

Filing Fee: \$25.00

OFFICERS / AUTHORIZED REPRESENTATIVES

Daniel Longfellow Warner - Vice President, Treasurer
9487 Regency Square Blvd., Jacksonville, FL 32225

Bryan Carroll Smith - Assistant Treasurer
9487 Regency Square Blvd., Jacksonville, FL 32225

Norman Stephen Himes, Jr. - Assistant Treasurer
9487 Regency Square Blvd., Jacksonville, FL 32225

Jennifer Pope Legg - Assistant Treasurer
9487 Regency Square Blvd., Jacksonville, FL 32225

Richard Donnelly Lamb, Jr. - Assistant Treasurer
9487 Regency Square Blvd., Jacksonville, FL 32225

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA