Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000087629 3)))



H170000876293ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600

Fax Number : (813)229-1660

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

Email Address: emarquart@slk-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GULF PACIFIC USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

• 1

MAR 3 1 2017

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

. 54

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	section 605.0209, F.S., this document is being submitted		y filed doo	ument.			
IRST: Th	e name of the limited liability company is: Gulf Pacific	USA, LLC					
,							
COND:		ity company is: L130	000118	83		<u>-</u>	
HRD;	Document to be corrected is: March 22, 2017 A	Articles of Amendr	nent				
	(CHECK THE APPROPRIATE BOX AND COME	LETE THE APPLIC	CABLE S	<u> </u>	ENT		
	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected atement are as follows:						
Th	ne new mailing address, new registered agent and new Manager a	et forth in the Document	are incorrec	t. The cor	rect mai	ling	
80	idress is 5128 West Clinton Street, Suite B, Tampa, Ft. 33634. The	correct name and address	of the regist	ered agen	are War	Ten	
S .	Garrison, 4136 N. River View Avenue, Tampa, FL 33607. The only	Menegers are Donovan I	E. Marais ar	d Warren	S. Garris	ion.	
_	n	·····		 			
<u>O</u>	D						
	as defectively signed. The manner in which the documer follows:						
				2- ; 27 ;			
				1.00°	TA.	٠.,	
<u>o</u>	R			SSEE	30	<u> </u>	
l n	he electronic transmission of the record was defective.	. n .		7		2.	
		• #	03/29/1	1 7 555	Sir.	description of the second	
_	Signature of Authorized Representative		Date	D.	0		
cepting (Regis ereby ac	of new registered agent, if applicable :(NOTE: if correction the designation). Intered Agent's Signature: if changing Registered Agent copy the appointment as registered agent and agree to out of all statutes relative to the proper and complete perform of my position as registered agent as populated for in the agree in the registered office address; I persty ophilim the	in this capacity, I fury	her agree Thin fami	to compl itior with	profits	ha Sano siki	
Rect a ch this char	arge in the registered affice address of heroby golding the	d the limited Liability of	onpany h	as been r	otified	iri WPÜÜ	
							
	Registered Agent	s ञ्रह्मधाम <i>र</i>					
	Filing Fee:	\$25.00					
	Certified Copy:	\$30.00 (options	I)				