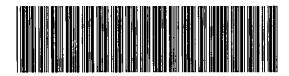


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COVER LETTER

TO:	Registration Section Division of Corporations	
SUВЛ	ECT: Swissport SA Fuel S	Services, LLC
	Name of Foreign	n Limited Liability Company
Dear S	ir or Madam:	
The en	closed application, certificate and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Dav	vn Elliott Oakley	
	Name of Person	
Swi	ssport North America, In	nc.
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
450	25 Aviation Drive, Suite	350
	Address	•
Dull	es, VA 20166	
	City/State and Zip Code	2
daw	n.oakley@swissport.co	m
	ail address: (to be used for future annual	
For fur	ther information concerning this matter,	please call:
_	y Tannenbaum	at (215) 690-3830
	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
□ \$25	ed is a check for the following amount Filing Fee \$\Bigsim \$30 \text{ Filing Fee & Certificate of Status}	Status & Certified Copy \$55 Filing Fee & S60 Filing Fee, Certificate of Status & Certified Copy
CR2E05:	J (7/1J)	

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 Florid	a Department of
State: Swissport SA Fuel Services	, LLC	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		· ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	:	
2. The Florida document number of this limited liab	bility company is: M0300	00004356
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 12/3	31/2003	
SECTION II (5-9 complete only the applicable c		T31
5. New name of the limited liability company: (must	contain "Limited Liability (Company, ""L.L.C., "or, "LIC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our reco dress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo.	rida Street Address
	City	, Florida Zip Code
	•	zip Coae
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of	it and agree to act in this ca	pacity. I further agree to comply with If my duties, and I am familiar with

If Changing Registered Agent, Signature of New Registered Agent

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.

AM Joseph Phelan AM Dany Nasr	Dulles, VA 20166 Dulles, VA 20166 Add Dulles, VA 20166 ■ Rem Dulles, VA 20166
AM Dany Nasr	45025 Aviation Drive, Suite 350
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	Dulles, VA 20100
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