(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COMMITTED TO ISLANDLIFE

March 14, 2017

Department of State Division of Corporations Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Re: Amendment Application by Foreign LLC - Caribtrans Logistics, LLC

To Whom It May Concern:

Kindly find attached an application by foreign limited liability company to file Amendment to Certificate of Authority to Transact Business in Florida for Caribtrans Logistics, LLC along with a check in the amount of \$25.00. Please note, the only change is adding the officers listed within Exhibit A.

If you have any questions, please do not hesitate to call me at (561) 881-3931 or dhays@tropical.com.

Sincerely,

Dara Hays Paralegal

Tropical Shipping

501 Avenue P

Riviera Beach, FL 33404

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Cavibtrans</u> <u>Logistics</u> , <u>LU</u> Name of Foreign Limited Liabilit	y 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 fol	lowing:
Dava Hays Name of Person	
Tropical Shipping Firm/Company	
501 Avenue P Address	
City/State and Zip Code	
E-mall address: (to be used for future annual report notification	n)
For further information concerning this matter, please call:	
Dava Hays at (561) Name of Person Area Code &	881 - 393 [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 \$ \$55 Filing Certificate of Status Certified C CR2E055 (9/15)	

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)

Name of limited liability Company as it appear	s on the records of the Florida Department of
	•
state: <u>Caribtians</u> Logist	ics, LLC
Enter new principal office address, if applicable:	
(Principal office address	SOI Avenue P
MUST BE A STREET ADDRESS	Riviera Brach, FL 33404
	,
Enter new mailing address, if applicable:	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	SOI Avenue P
	SOI Avenue P Riviera Beach, FL 33404
	·
2. The Florida document number of this infinted ha	bility company is: MD.5000006246
3. Jurisdiction of its organization: Delaw	ave.
4. Date authorized to do business in Florida:	109/05
SECTION II (5-9 complete only the applicable of	•
5. New name of the limited liability company:	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(musi	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name c." or "LLC.")
6. If amending the registered agent and/or registere	d officer address on our records, enter the name of the new
registered agent and/or the new registered office ac	Idress here:
Name of New Registered Agent:	<u>्र</u> ्भ ज
New Registered Office Address:	Enter Florida Street Address o
	Enter Provided Street Additions 551
· ·	City Florida City
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	st and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or. if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

le/ Capacity	See exhibit A	Address	Type of Action
	······		
			Remo
			Add
			Remo
			Add
			Remo
			Add
			Remov
			Add
aforementioned am-	cate, if required: no more than 90 day endment(s), duly authenticated by the ne law of which this entity is organized. Signature of the state of th	official having custody of record d. authorized representative	750 77

Filing Fee: \$25.00

Exhibit A

Officers of Caribtrans Logistics, LLC:

Title/Capacity	Name	Address	Type of Action
President	John J. Fiser	501 Avenue P, Riviera	Add
		Beach, FL 33404	
Vice President/Chief	William H. Girard, III	501 Avenue P, Riviera	Add
Financial		Beach, FL 33404	
Officer/Treasurer			
Vice	Robert M. Chapman	501 Avenue P, Riviera	Add
President/Secretary		Beach, FL 33404	
Vice President	Timothy P. Martin	501 Avenue P, Riviera	Add
		Beach, FL 33404	
Vice President, Legal &	Glenn L. Criser	501 Avenue P, Riviera	Add
General Counsel		Beach, FL 33404	
Vice President	William Munoz	501 Avenue P, Riviera	Add
		Beach, FL 33404	
Vice President	Van A. Kent	501 Avenue P, Riviera	Add
		Beach, FL 33404	
Assistant Vice	Timothy A.	501 Avenue P, Riviera	Add
President	DiPietropolo	Beach, FL 33404	
Assistant Secretary	Steven E. Giese	501 Avenue P, Riviera	Add
		Beach, FL 33404	

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TORETARY OF STATE

ARSSEF FLORIDA