7/19/2017

Division of Corporations

## Florida Departurent of State (Division of Corporations) (Executive Control State | 1336

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.

(((H170001891183)))



H170001891133ABC3

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

Doing so will generate another cover sheet.

To:		File 2nd, please do not process this LLC amendment until AFTER the LLC
		<sup>83</sup> withdrawal for fax audit# H17000189103
From:	Account Name : C T CORPORA	has been completed.
	Account Number : FCA00000002 Phone : (512)418-69	Resubmission, Please keep file
	Fax Number : (954)208-08	
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って ナ <sub>ル</sub> 山 BAI	E SYSTEMS SOUTHEAST	SHIPYARDS MAYPORT LLC
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Electronic Filing Menu

Corporate Filing Menu

Helo. HARA

## **COVER LETTER**

	istration Section ision of Corporations			
		26		
SUBJECT:	BAE Systems Southeast Shippards May	•		·
1107 (1111110) [1	. Name of Foreign	Limited Liability	Company	<del></del> ·
Dear Sir or	Madam:			
The enclose	ed application, certificate and fee(s) a	ire submitted for t	îlling.	
Please retur	n all correspondence concerning this	matter to the foll	owing:	•
•				
	Name of Person	•		
•	Firm/Company			
	Address			
		, vâ		
	City/State and Zip Code			
•			•	
E-mail ac	ddress: (to be used for future annual	report notification	1)	
Car tuethar	information concerning this matter, p	alogeo call·		
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	Name of Person	Area Code &	Daytime Telephone i	Number
Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building of Executive Center Circle lahassec, Florida 32301	:	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions
□ \$25 Eili	Certificate of Status	: S55 Filing Certified C	Lopy Certific	ng Fee, cate of Status & ed Copy
CR2E055 (9/1	(0)			

## 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	of
State: BAE Systems Southeast Shipyards Mayport	LLC	
Enter new principal office address, if applicable:		
(Principal office uddress MUST BE A STREET ADDRESS)		<u> </u>
•	i.í.	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
-	•	
2. The Florida document number of this limited liab	ility company is: M06000004336	2817 JUL
Jurisdiction of its organization: Delaware	<u>,</u>	
4. Date authorized to do business in Florida: 08/04/	/2006	9
SECTION II (5-9 complete only the applicable ex		PH 12:
5. New name of the limited liability company: BA (must	E Systems Jacksonville Ship Repair LLC contain "Limited Liability Company, ""L	* * * •
(If name unavailable, enter alternate name adopted feepy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging members adopting the alternate nam	Florida and attach a ic. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	officer address on our records, enter the dress here:	name of the new
Name of New Registered Agent:		<del>/</del>
New Registered Office Address:	Enter Florida Street Ado	lress
	, Florid	· 2
	City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	t and agree to act in this capacity. I furthe ind complete performance of my duties, a red agent as provided for in Chapter 605, in the registered office address. I hereby co	nd I am familiar with F.S. Or, if this
If Ch	ancing Registered Agent Signature of Ne	w Registered Agent

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	Name	Address	Type of Action		
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aforementioned am	rate, if required: no more than 90 days old, endment(s), duly authenticated by the official e law of which this entry is organized.  Signature of the authorized Representations of the control of the co	I having custody of recor	2017 JUL SLUKETS TALL AHAS		
•	Typed or printed name o  Filing Fee: \$25.0		19 PMI2: 3		

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'BAE SYSTEMS SOUTHEAST

SHIPYARDS MAYPORT LLC', FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO 'BAE SYSTEMS JACKSONVILLE SHIP REPAIR LLC'

ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017, AT 8:59 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017 AT 11:59 O'CLOCK P.M.

iQ.



Authentication: 202911189

Date: 07-19-17