

MD7000003364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000302031940

FILED
SEP 11 2017
FALL ARIZONA

SEP 11 AM 9:28 SEP 11 PM 4:48

SEP 05 2017
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 761289 7182077

AUTHORIZATION :

COST LIMIT : \$25.00

[Signature]

ORDER DATE : August 9, 2017

ORDER TIME : 3:52 PM

ORDER NO. : 761289-430

CUSTOMER NO: 7182077

FOREIGN FILINGS

NAME: COASTAL TRANSPORT LOGISTICS,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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: Coast Transport Logistics, 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: M07000003364

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/04/2007

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

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Robert Fox</u>	<u>502 East Bridgers Avenue</u>	<input type="checkbox"/> Add
		<u>Auburndale, FL 33823</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Michael P. Ryan</u>	<u>502 East Bridgers Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Auburndale, FL 33823</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Steven Reid</u>	<u>322 Grange Rd.</u>	<input type="checkbox"/> Add
		<u>Port Wentworth, GA 31407</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Steven Reid</u>	<u>502 East Bridgers Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Auburndale, FL 33823</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.

Michael P. Ryan 8-28-17
Signature of the authorized representative
Michael P. Ryan, Manager
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 SEP - 1 AM 9:28
TALLAHASSEE FL 32310