

M10000004170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

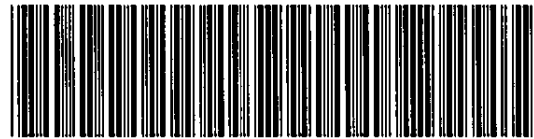
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 NOV -4 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 7 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOOD RISK SOLUTIONS, LLC

Name of Foreign Limited Liability 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 following:

D. MICHAEL PARRISH

Name of Person

FLOOD RISK SOLUTIONS, LLC

Firm/Company

1801 S AUSTRALIAN AVE STE 104

Address

WEST PALM BEACH

City/State and Zip Code

michael@floodrisksolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH DANIEL FREUDENTHAL at (561) 253-9027x111

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: FLOOD RISK SOLUTIONS, LLC

Enter new principal office address, if applicable:

1801 S AUSTRALIAN AVE STE 104

(Principal office address

MUST BE A STREET ADDRESS)

WEST PALM BEACH FL 33409

Enter new mailing address, if applicable:

1801 S AUSTRALIAN AVE STE 104

(Mailing address

MAY BE A POST OFFICE BOX)

WEST PALM BEACH FL 33409

2. The Florida document number of this limited liability company is: M10000004170

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: SEPTEMBER 22, 2010

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: RALPH DANIEL FREUDENTHAL

New Registered Office Address: 1801 S AUSTRALIAN AVE STE 104

Enter Florida Street Address

WEST PALM BEACH, Florida 33409

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

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TALLAHASSEE, FLORIDA

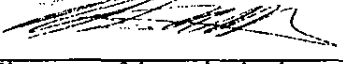
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>SCHLESINGER, A.L. & K.C., AS TEN. BY ENT.</u>	<u>1010 BEACH DRIVE</u>	<input type="checkbox"/> Add
		<u>DELRAY BEACH, FL 33483</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>FREUDENTHAL, R.D. & C.W., AS TEN. BY ENT</u>	<u>1801 S AUSTRALIAN AVENUE</u>	<input type="checkbox"/> Add
		<u>WEST PALM BEACH, FL 33409</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>RALPH DANIEL FREUDENTHAL</u>	<u>1801 S AUSTRALIAN AVENUE STE 104</u>	<input checked="" type="checkbox"/> Add
		<u>WEST PALM BEACH FL 33409</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>Parrish, Denwood M, Mr</u>	<u>1801 SOUTH AUSTRALIAN AVE., SUITE 400</u>	<input type="checkbox"/> Add
		<u>WEST PALM BEACH, FL 33409</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>DENWOOD MICHAEL PARRISH</u>	<u>1801 S AUSTRALIAN AVENUE STE 104</u>	<input checked="" type="checkbox"/> Add
		<u>WEST PALM BEACH FL 33409</u>	<input type="checkbox"/> Remove

CONTINUED ON NEXT SHEET

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.


Signature of the authorized representative

RALPH DANIEL FREUDENTHAL

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

4 "PAGE 4" CONTINUES ON NEXT SHEET

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GIOVANNOZZI, MICHAEL	1801 S AUSTRALIAN AVE. SUITE 400	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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NOV - 14 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of the authorized representative

RALPH DANIEL FREUDENTHAL

Typed or printed name of signee

Filing Fee: \$25.00

4 FINAL PAGE = CONTINUATION OF "PAGE 4"