

M10000004640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

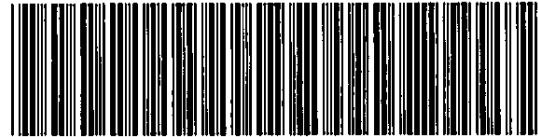
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2016 NOV 29 A 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 NOV 23 PM 2:03
SUFFICIENCY OF FILING

S Warren
NOV 30 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2016

CORPORATE ACCESS, INC.

SUBJECT: INTERACEL HOLDINGS, LLC
Ref. Number: M10000004640

We have received your document for INTERACEL HOLDINGS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00025237

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Corrected

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/23/16

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS WS
- FILING Amend

1. Interacel Holdings LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERACEL HOLDINGS 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:

PANAGIOTIS DIMITROPOULOS
Name of Person

INTERACEL HOLDINGS LLC
Firm/Company

340 KIFISSIAS AVE NEO PSYCHIKO
Address

15451 ATHENS GREECE
City/State and Zip Code

P.VILLALBA@COM.MINIBO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSALBA VILA RELEON at (30) 211 102 1153
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

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: INTERACE HOLDINGS LLC

Enter new principal office address, if applicable: 340 KIFISSIAS AVE NEO PSYCHIKO 15451 ATHENS, GREECE

Enter new mailing address, if applicable: 340 KIFISSIAS AVE NEO PSYCHIKO 15451 ATHENS, GREECE

2 The Florida document number of this limited liability company is: M10000004640

3 Jurisdiction of its organization: DELAWARE

4 Date authorized to do business in Florida: OCTOBER 21, 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:

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

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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

| Title/Capacity | Name | Address | Type of Action |
|----------------|--------------------------|------------------------------|--|
| MEM | NATHALY SCHWED | 3640 YACHT CLUB DRIVE | <input type="checkbox"/> Add |
| | | APT #1110 AVENIDA FL 3380 | <input checked="" type="checkbox"/> Remove |
| MOB | PANAGIOTIS DIMITROPOULOS | 340 KIFISSIAS AVE | <input checked="" type="checkbox"/> Add |
| | | NEO PSYCHIKO ATHENS 15451 | <input type="checkbox"/> Remove |
| AMBL | VERONICA NOCERI | 340 KIFISSIAS AVE NEO | <input checked="" type="checkbox"/> Add |
| | | PSYCHIKO 15751 ATHENS | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input 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.

Signature of the authorized representative

NATHALY SCHWED

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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