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(Requestor's Name)
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PICK-UP WAIT MAIL
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2022 St. -9 1:1 9:48

2022 SEP -9 AHTI: 50

of alialauda



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 09/09/2022	
Name: Greg Pintacuda	
Reference #:	
Entity Name: AMERICAN QUEEN STEAMBOAT OPERATING	COMPANY, LLC
Articles of Incorporation/Authorization to Transact Busines	ss
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25 Signature:	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

Division of Corporations American Queen Steamboat Operating Company, LLC SUBJECT: 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: Janet Nall Name of Person Hornblower Group Firm/Company 222 Pearl Street Address New Albany, IN 47150 City/State and Zip Code legal@hornblower.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 876-1629 Janet Nall Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S30 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section

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)

2022 SEP -9 AT 9:48

1. Name of limite	ed liability Company as it appears o	on the records of the Florida Department of			
State:	American Queen Steamboat Operating Company, LLC				
Enter new princip	oal office address, if applicable: _	2400 E. Commercial Blvd., Ste. 1200,			
(<u>Principal office of</u> MUST BE A STR	<u>address</u> REET ADDRESS) -	Fort Lauderdale, FL 33308	-		
Enter new mailing (<u>Mailing address</u> <u>MAY BE A POST</u>			<u> </u>		
2. The Florida doo	cument number of this limited liabi	lity company is: M11000005091	-		
3. Jurisdiction of	its organization:	Delaware			
		10/11/2011			
	9 complete only the applicable ch				
5. New name of t	the limited liability company:(must c	ontain "Limited Liability Company, ""L.L.C.," or "LL	<u>C∵</u>)		
copy of the writte	ble, enter alternate name adopted for n consent of the managers or mana nited Liability Company," "L.L.C."	or the purpose of transacting business in Florida and attaging members adopting the alternate name. The alternate or "LLC.")	ch a : nam		
	e registered agent and/or registered nd/or the new registered office addr	officer address on our records, enter the name of the new	¥		
Name of New Res	gistered Agent:				
New Registered C	Office Address:		_		
		Enter Florida Street Address			
		. Florida Zip Code	_		
I hereby accept the the provisions of cand accept the ob- document is being	all statutes relative to the proper an ligations of my position as register	stered Agent: and agree to act in this capacity. I further agree to comp ad complete performance of my duties, and I am familian ed agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the	with		

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Please see below - remove Shawn M. Bierdz as President & COO					
itle/ Capacity	Name	Address	Type of Actio		
reside	Shawn M. Bierdz	222 Pearl Street	Add		
		New Albany, IN 47150	i⊠ Remo		
			Add		
			Remo		
			Add		
			Remov		
			Add		
			Remove		
			Add		
aforementioned	ertificate, if required: no more than 90 amendment(s), duly authenticated by er the law of which this entity is organ	the official having custody of records in th	Remov		
,	_	the authorized representative			

Filing Fee: \$25.00