

M11000006488

(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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2024 DEC 26 AM 9:39  
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AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 11/21/24  
Order #: 1692634-1  
Re: NFI Interactive Logistics, LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NFI Interactive Logistics, 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:

Chief Legal Officer

\_\_\_\_\_  
Name of Person

NFI Interactive Logistics, LLC

\_\_\_\_\_  
Firm/Company

2 Cooper Street, 10th Floor

\_\_\_\_\_  
Address

Camden, NJ 08102

\_\_\_\_\_  
City/State and Zip Code

nfilegal@nfiindustries.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: NFI Interactive 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: M11000006488

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 12/29/2011

**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.*

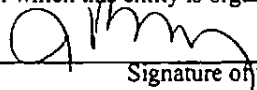
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Officer</u>	<u>Sidney R. Brown</u>	<u>2 Cooper Street, 11th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Camden, NJ 08102</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Irwin J. Brown</u>	<u>2 Cooper Street, 11th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Camden, NJ 08102</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Jeffrey S. Brown</u>	<u>2 Cooper Street, 11th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Camden, NJ 08102</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Bob Knowles</u>	<u>2 Cooper Street, 10th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Camden, NJ 08102</u>	<input type="checkbox"/> Remove
	<u>SEE ATTACHED</u>		<input checked="" 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

Jennifer Barzi  
Typed or printed name of signee

Filing Fee: \$25.00

**ATTACHED TO AND MADE A PART OF APPLICATION BY FOREIGN LIMITED  
LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO  
TRANSACT BUSINESS IN FLORIDA**

**NFI INTERACTIVE LOGISTICS, LLC**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Steven S. Grabell	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Scott E. Brucker	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Stephen Dolchanczyk	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Jennifer Borzi	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager, Member	Sidney R. Brown	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager, Member	Jeffrey S. Brown	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager, Member	Irwin Brown	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Authorized Representative, Director	Stephen Dolchanczyk	2 Cooper Street, 10 <sup>th</sup> Floor Camden, NJ 08102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove