## M12000000 151

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							





900288268669

07/29/16--01021--009 \*\*35.00

16 AUG 22 PM 2: 34

AUG 2 4 7015

Y 5" "



August 3, 2016

LAEL DELVO 8800 SW BARNEY WHITE ROAD BREMERTON, WA 98312

SUBJECT: SAFE BOATS INTERNATIONAL L.L.C.

Ref. Number: M12000000151

We have received your document for SAFE BOATS INTERNATIONAL L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 416A00016347

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

		tion Section of Corpo					
SUBJEC	CT: _	SAFE			national imited Liability		
Dear Sir	or Mad	am:					
The encl	losed ap	plication,	certificate and	fee(s) are	submitted for	filing.	
Please re	eturn all	correspor	idence concer	ning this m	atter to the fol	lowing:	
_La	ei s	<u>Jelvo</u>	ome of Person				
			Internation		LIC		
8800 SW Barney White Road Address							
Bre	mer-	ton, '	ty/State and Z	312 ip Code			
SC\ E-mai	leSiv il addres	トゥロミ s: (to be u	sed for future	rS. COV annual rep	noort notification	n)	
For furth	ner infor	mation co	ncerning this	matter, ple	ase call:		
Lo	iei (	Delvo	>	at	(360)	674.	7161
	1	Name of P	erson		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 \$25 F			h <b>e following a</b> \$30 Filing Fe Certificate of	e &	S55 Filing Certified C		\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (	(9/15)						Сентей Сору

2

## 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 rec	·			
State: SAFE BOOKS Internationa	al LLC			
Enter new principal office address, if applicable: 1)				
(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 comp	pany is: M12000000151			
3. Jurisdiction of its organization: Washington				
4. Date authorized to do business in Florida: \\(\int(1)\)\(\overline{0}\)\(\overline{0}\)\(\overline{0}\)				
SECTION II (5-9 complete only the applicable changes)				
5. New name of the limited liability company: NIA	Limited Liability Company, ""L.L.C.," or: "LLC."			
(If name unavailable, enter alternate name adopted for the pur copy of the written consent of the managers or managing men must contain "Limited Liability Company," "L.L.C." or "LLC	nbers adopting the alternate name. The alternate name			
6. If amending the registered agent and/or registered officer ac registered agent and/or the new registered office address here	Idress on our records, enter the name of the new			
Name of New Registered Agent: NIA				
New Registered Office Address: N/A				
	Enter Florida Street Address			
	, Florida City Zip Code			
New Post and Language Court and Cour	,			
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple and accept the obligations of my position as registered agent document is being filed to merely reflect a change in the regis	e to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with as provided for in Chapter 605, F.S. Or, if this			

liability company has been notified in writing of this change.

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: NIA 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Type of Action <u>Address</u> Title/ Capacity Name 8800 SW Barney White Rd XAdd Bremerton, WA 98312 PCEO Dennis morris Remove 8800 SW Barney White BUNAdd Bremerton, WA 98312 CFO Richard Schwarz \_ Remove □Add 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 K, GHAILO DCHWARZ

Filing Fee: \$25.00

Typed or printed name of signee