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(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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RECEIVED

2022 NOV - 8 AM 10:47

SECTION OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 NOV - 8 PM 12:23

SECTION OF STATE
TALLAHASSEE, FL

A. BUTLER

NOV - 8 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STERIDACK (USA) Limited 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:

Matthew J. Pearce
Name of Person

Stovash, Case & Tingley, P.A.
Firm/Company

200 N. Rosalind Ave
Address

Orlando, FL 32801
City/State and Zip Code

mpearce@sc+law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Pearce at (407) 316-0393
Name of Person 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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**

FILED

SECTION I (1-4 must be completed)

2022 NOV -8 PM 12: 23

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: _____

STATE OF FLORIDA
DEPARTMENT OF REVENUE

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: M12 000 000 196

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____

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

1. **NAME OF THE PARTY:** THE NATIONAL DEMOCRATIC PARTY
 2. **NAME OF THE CANDIDATE:** MR. J. H. SMITH
 3. **NAME OF THE DISTRICT:** 1ST DISTRICT
 4. **NAME OF THE COUNTY:** JOHNS HOPKINS COUNTY
 5. **NAME OF THE STATE:** MARYLAND
 6. **NAME OF THE CITY:** ANNAPOLIS
 7. **NAME OF THE TOWNSHIP:** ANNAPOLIS TOWNSHIP
 8. **NAME OF THE WARD:** 1ST WARD
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