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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations Advanced Marine Preservation 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: Krystal Slate Name of Person Advanced Marine Preservation, LLC Firm/Company PO BOX 209 Address Tilton NH 03276 City/State and Zip Code kslate@gotoamp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Krystal Slate 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: ☐ \$30 Filing Fee & \$25 Filing Fee \$55 Filing Fee & \$60 Filing Fee,

CR2E055 (9/15)

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2019

KRYSTAL SLATE PO BOX 209 TILTON, NH 03276

SUBJECT: ADVANCED MARINE PRESERVATION, LLC.

Ref. Number: M14000005201

SECRETATION TO TAKE

We have received your document for ADVANCED MARINE PRESERVATION, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The amendment document indicates that you are changing the jurisdiction from Virginia to New Hampshire. Therefore, we will need a certificate of good standing from the state of New Hampshire.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 019A00003547

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)

| State: ADVANCED MARINE PRE | • | 1 | | |
|--|--|-----------|---------------|------------------|
| Enter new principal office address, if applicable: | 612 W MAIN ST | | _ | - |
| (Principal office address | UNIT 2 | | | |
| MUST BE A STREET ADDRESS) | TILTON, NH 03276 | | | _ |
| Enter new mailing address, if applicable: | PO BOX 209 | | | 1 |
| (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>) | TILTON, NH 03276 | <u> </u> | , | _ |
| 2. The Florida document number of this limited lin | | SECRE . | 7019 MAR - | |
| 3. Jurisdiction of its organization: VIRGINIA | 12212014 | <u> </u> | _ = , | |
| 4. Date authorized to do business in Florida: 07 | /23/2014 | [1] | _ | [5] |
| SECTION 11 (5-9 complete only the applicable | changes) | | မှ က | No. |
| 5. New name of the limited liability company: (must | st contain "Limited Liability Company," "L | .L.C.," c | or "LLC |].") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or material must contain "Limited Liability Company," "L.L. | anaging members adopting the alternate nam | | | |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | | name of | the new | <u><</u> |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Finter Florida Street Ade | drass | | |
| | Enter Florida Street Address | | | |
| | , Florid | | 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.

| 8. If the amend | ment changes person, title or capacity i | n accordance with 605.0902 (1)(e), indicate that | change: |
|-----------------|---|--|----------------|
| Title/ Capacity | <u>Name</u> | Address | Type of Action |
| | RICHARD PESCINSKI | 612 W MAIN ST UNIT 2, PO BOX 209 |) Add |
| | | TILTON NH 03276 | Remove |
| | GARY PESCINSKI | 612 W MAIN ST UNIT 2, PO BOX 209 |) Add |
| | | TILTON NH 03276 | Remove |
| | ERIC PESCINSKI | 612 W MAIN ST UNIT 2, PO BOX 209 |) Add |
| | | TILTON NH 03276 | Remove |
| | | | Add |
| | | · · · · · · · · · · · · · · · · · · · | Remove |
| | | | Add |
| aforementio | a certificate, if required: no more than ned amendment(s), duly authenticated under the law of which this entity is o | I by the official having custody of records in the | Remove |
| | Signature | of the authorized representative | |

Filing Fee: \$25.00

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ADVANCED MARINE PRESERVATION, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on August 21, 2017. I further certify that all fees and documents required by the Secretary of State's office have been received and i in good standing as far as this office is concerned.

Business ID: 777299

Certificate Number: 0004421240



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 26th day of February A.D. 2019.

William M. Gardner Secretary of State