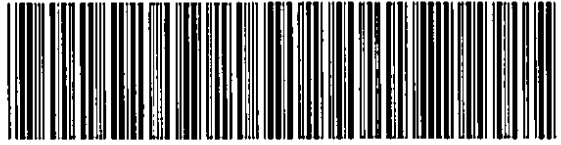


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400321572124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

12/10/18--01013--003    \*\*25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Covar Transportation, 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:

John M. Wright  
Name of Person

Covar Transportation, LLC  
Firm/Company

419 10<sup>th</sup> Ave W.  
Address

Palmetto, FL 34221  
City/State and Zip Code

john.wright@covartransport.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John M. Wright at ( 941 ) 721-7777  
Name of Person 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 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: Corn Transportations 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

419 10<sup>th</sup> Ave W.  
Palmetto, FL 34221

2. The Florida document number of this limited liability company is: M15000000805

3. Jurisdiction of its organization: SOUTH CAROLINA

4. Date authorized to do business in Florida: 7/11/16

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 STATE  
 TREASURY  
 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: John M. Wright

New Registered Office Address: 419 10<sup>th</sup> Ave. WEST

*Enter Florida Street Address*

PALMETTO, FL Florida 34221  
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.*

John M. Wright  
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)(c), indicate that change:

\_\_\_\_\_

Title/ Capacity                      Name                                      Address                                      Type of Action

MGR                      John Wright                                      419 10<sup>th</sup> Ave W.                                       Add  
Palmetto, FL 34221                                       Remove

AMBR                      Dillon Vanaway                                      2139 Cleveland St.                                       Add  
Unit 211                                       Remove  
Clearwater, FL 33765

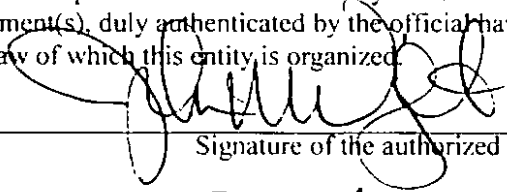
AMBR                      Peter Van SR.                                      10808 Trophy Dr                                       Add  
Englewood, FL 34223                                       Remove

MGR                      Collin Cole                                      2139 Cleveland St.                                       Add  
Unit 211                                       Remove  
Clearwater, FL 33765

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       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  
John M. Wright  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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19 JAN 16 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA