

M150000008610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

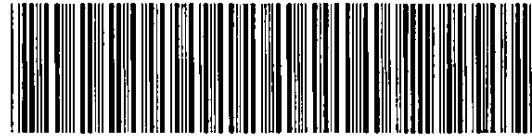
(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
DIVISION OF REVENUE

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JUN 30 PM 1:40

2017 JUN 30 01:40

S. WARREN

JUL 05 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2017

ROBIN GAGNE
JESTA GROUP
755 BERRI STREET, SUITE 200
MONTREAL, QUEBEC, H2Y-3E5

SUBJECT: NORTH BAY VILLAGE HOLDINGS, LLC
Ref. Number: M15000008610

We have received your document for NORTH BAY VILLAGE HOLDINGS, 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):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00011249

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Bay Village Holdings, 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:

Robin Gagné
Name of Person

Jesta Group
Firm/Company

755 Berri Street, Suite 200
Address

Montreal, Quebec H2Y 3E5
City/State and Zip Code

rgagne@jestais.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Gagné at (514) 925-5100 ext. 4069
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: North Bay Village Holdings, 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: M15000008610

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 28, 2015

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

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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>VP</u> | <u>Eric Hintabi</u> | <u>755 Berri Street, Suite 200</u> <u>Montreal, Quebec H2Y 3E5</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|-----------|---------------------|---|--|

| | | | |
|------------------|------------------------|---|--|
| <u>Secretary</u> | <u>Judith Bendayan</u> | <u>755 Berri Street, Suite 200</u> <u>Montreal, Quebec H2Y 3E5</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|------------------|------------------------|---|--|

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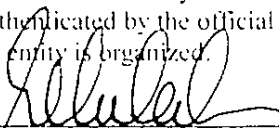
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Elliott Hintabi
Typed or printed name of signee

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 17 JUN 30 PM 1:41
 STATE
 OF FLORIDA
 TALLAHASSEE, FLORIDA

Filing Fee: \$25.00