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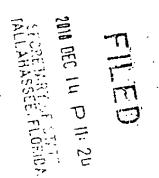
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## **COVER LETTER**

TO: Registration Section

SUBJECT: AZS Industries, 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:  Anita Burdge  Name of Person  Splashtacular, LLC  Firm/Company  401 N East St  Address  Paola, KS 66071  City/State and Zip Code
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:  Anita Burdge  Name of Person  Splashtacular, LLC  Firm/Company  401 N East St  Address  Paola, KS 66071
Please return all correspondence concerning this matter to the following:  Anita Burdge  Name of Person  Splashtacular, LLC  Firm/Company  401 N East St  Address  Paola, KS 66071
Anita Burdge  Name of Person  Splashtacular, LLC  Firm/Company  401 N East St  Address  Paola, KS 66071
Splashtacular, LLC  Firm/Company  401 N East St  Address  Paola, KS 66071
Splashtacular, LLC  Firm/Company  401 N East St  Address  Paola, KS 66071
Paola, KS 66071
Paola, KS 66071
Address Paola, KS 66071
Paola, KS 66071
Paola, KS 66071
City/State and Zip Code
aaron@splashtacular.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anita Burdge 800 844-5334
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:  \$\begin{align*} \text{\$\text{\$\text{Enclosed}} \text{ is a check for the following amount:} \\  \$\begin{align*} \text{\$\text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\$}\$} \text{\$\text{\$\$\$}\$} \text{\$\text{\$\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\$}\$} \text{\$\text{\$\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$} \text{\$\$\text{\$\$}} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$} \text{\$\text{\$\$\text{\$\$}\$} \$\text{\$\$\text{\$\$\text{\$\$\text{\$\$

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### **SECTION 1 (1-4 must be completed)**

1. Name of limited liability Company as it appear	s on the records of the Florida Department	of
State: AZS Industries, LLC		
Enter new principal office address, if applicable:	401 N East St	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Paola, KS 66071	
Enter new mailing address, if applicable: (Mailing address  MANY DE A POST OFFICE ROY)	401 N East St	
<u>MAY BE A POST OFFICE BOX</u> )	Paola, KS 66071	
2. The Florida document number of this limited lia	ability company is: M15000008778	
3. Jurisdiction of its organization: Kansas		
4. Date authorized to do business in Florida: No	vember 2, 2015	0 11 24 FELORIE
SECTION II (5-9 complete only the applicable		22 22
	Splashtacular, LLC st contain "Limited Liability Company,""	L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate na-	Florida and attach a me. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Ac	Idress
	, Flori	da
<del>-</del>	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age		ner 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.

Fitle/ Capacity	<u>Name</u>	Address	Type of Activ
President Robe	Robert A. Weidman	401 N East St.	■Add
		Paola, KS 66071	Remo
			Add
			Remo
			Remo
		<del></del>	Add
			Remov
		<del></del>	Add
			Remo

Filing Fee: \$25.00

## STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7697964

Entity Name: SPLASHTACULAR, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: JOHN LARSON

Registered Office: 7225 Renner Blvd., SHAWNEE, KS 66217

was filed in this office on March 05, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix; the seal of the Secretary of State of the state of Kansas on this day of October 01, 2018

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 1081666 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.

### Office of the Kansas Secretary of State

#### Name Change Amendment

Electronic File Stamp Information:

Filed

Date: 10/01/2018Time: 09:52

1. Old Business Entity Name: AZS INDUSTRIES, LLC

2. Business Entity I.D. Number: 7697964

The name of the business entity has been amended:

New Business Entity Name: SPLASHTACULAR, LLC

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 01 of October, 2018.

Mark J. Musson Authorized Person

I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 01 of October , 2018.

Kris W. Kobach

To validate the authenticity of this electronically certified document please visit, <a href="https://www.tansas.gov/sos-namechange/validation.do">https://www.tansas.gov/sos-namechange/validation.do</a>. Enter the following authentication code: 167428

10/12/019 10:02 434

KRIS W. KOBACH Secretary of State



Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564

STATE OF KANSAS

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10/01/2018

RE: SPLASHTACULAR, LLC

Business Entity L.D., Number: 7697964

A Name Change amendment was filed electronically for the above referenced business entity in the Business Services Division of the Kansas Secretary of State's office on 10/01/2018.

Sincerely,

Business Services Division
Office of the Kansas Secretary of State

