

Division of Corporations

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m1600003892

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000350956 3)))



H190003509563ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BERGER-SINGERMAN-LLC-FLORIDA
Account Number : I20090000006
Phone : (305) 755-9500
Fax Number : (305) 714-4340

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHEAST HIGHWAY HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC 04 2019
7:15 PM
T. LEBREUX

H19000350956 3

**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: SOUTHEAST HIGHWAY 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: M16000003892

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 16, 2016

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

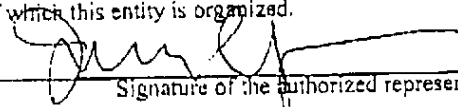
H19000350956 3

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>
Member	Barry Snyder	7760 Hooper Rd.	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Remove
CEO	Barry Snyder	7760 Hooper Rd.	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Barry Snyder

Typed or printed name of signer

Filing Fee: \$25.00

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Kimberly Laughrey

DATE 2019-12-04 15:23:26 CST

RE THE NATIONAL ASSOCIATION OF INSURANCE
AGENCIES, LLC**COVER MESSAGE**

Thank you,

Patrick Duffy
Fulfillment Associate
CT CorporationTeam 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com**Wolters Kluwer**1109 Orange Street Wilmington, DE 19801,
www.wolterskluwer.com

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