

M1600000 3895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

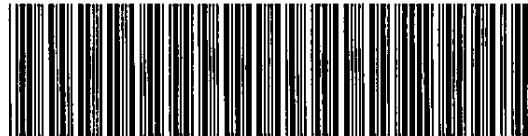
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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FILED

2016 AUG 19 P 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 22 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2016

BARRY SNYDER
7760 HOOPER ROAD
WEST PALM BEACH, FL 33411

SUBJECT: SOUTHEAST HIGHWAY GUARDRAIL & ATTENUATORS, LLC
Ref. Number: M16000003895

We have received your document for SOUTHEAST HIGHWAY GUARDRAIL & ATTENUATORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If just changing address must use amendment form, the form you submitted was for a registered agent change on corporation not an LLC

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: 716A00016103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHEAST HIGHWAY GUARDRAILS ATTENUATORS, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRY SNYDER
Name of Person

SOUTHEAST HIGHWAY GUARDRAILS ATTENUATORS, LLC.
Firm/Company

7760 HOOPER RD.
Address

WEST PALM BEACH, FL 33411
City/State and Zip Code

BARRY.SNYDER@SEHIGHWAY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAKOTA DIAZ at (561) 792-0040
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

☐ \$55 Filing Fee & 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: SOUTHEAST HIGHWAY GUARDRAIL ATTENUATORS, LLC.

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

7760 HOOPER RD.
WEST PALM BEACH, FL 33411

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

7760 HOOPER RD.
WEST PALM BEACH, FL 33411

2. The Florida document number of this limited liability company is: M16000003895

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 5-16-16

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.

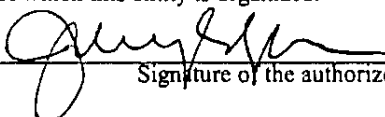
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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 signee

Filing Fee: \$25.00

FILED
2018 JUN 19 P 5:11
CLERK OF STATE
TALLAHASSEE, FLORIDA