

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M16000007586**

**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.**

((H160002662483)))



H160002662483ABC2

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
RELAY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2016 OCT 27 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 28 2016  
J. HARRIS

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Relay 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:

Deann M. Bogner

\_\_\_\_\_  
Name of Person

Sears Holdings Corporation

\_\_\_\_\_  
Firm/Company

3333 Beverly Road, B6-245B

\_\_\_\_\_  
Address

Hoffman Estates, IL 60179

\_\_\_\_\_  
City/State and Zip Code.

duina.grasso@searshc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deann M. Bogner

at ( 847 )

286-1911

\_\_\_\_\_  
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

CR2E055 (9/15)

# 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: Relay 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: M16000007586

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/23/2016

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SYW Relay LLC  
(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

\_\_\_\_\_  
City Florida 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

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16 OCT 27 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

<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
			<input type="checkbox"/> Add
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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.

Deann M. Bogner  
Signature of the authorized representative

Deann M. Bogner, Asst. Secretary of Sears, Roebuck and Co., Member

Typed or printed name of signer

Filing Fee: \$25.00

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OCT 27 AM 9:36  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "RELAY LLC", FILED A  
CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SYW RELAY LLC"  
ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016, AT 5:49 O'CLOCK  
P.M.



5662826 8320  
SR# 20166379083

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203233037  
Date: 10-27-16

**FAX COVER SHEET**

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2016-10-27 13:03:59 CST
RE	RELAYLLC

**COVER MESSAGE**

Chris Rickard  
Fulfillment Specialist  
CT Corporation

FAX

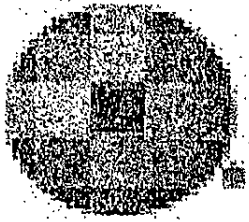
Office: 614-280-3338  
GlobalFulfillmentTeam@wolterskluwer.com  
Chris.Rickard@wolterskluwer.com<mailto:Chris.Rickard@wolterskluwer.com>

[cid:image001.jpg@01D1B5CE.4613FAE0]<<http://www.wolterskluwer.com/>>

4400 Easton Commons Way, Ste. 125, Columbus, OH 43219  
[www.wolterskluwer.com](http://www.wolterskluwer.com/)<<http://www.wolterskluwer.com/>>

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FAX



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