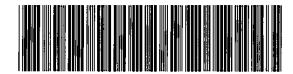
M1700000184

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300306233073

12/04/17--01014--001 **25.00

D. SCOTT DEC 5 2017

COVER LETTER

Division of Corporations				
SUBJECT: GIS Industrial, LLC Name of Foreign	Limited Liabili	tv Company	,	
Dear Sir or Madam:		, company		
The enclosed application, certificate and fee(s) are	e submitted for	filing.		
Please return all correspondence concerning this i	natter to the fo	flowing:		
Diane B. Plaisance				
Name of Person				
Blanchard Industrial, LLC				
Firm/Company				
P.O. Box 820			Ş .	
Address			;	S
Galliano, LA 70354			•	
City/State and Zip Code			:	T (
legal@gisy.com			•	<u></u>
E-mail address: (to be used for future annual re	port notificatio	n)		
For further information concerning this matter, pl	ease call:			
Diane B. Plaisance	985)	475-20)67	
Name of Person			elephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box 6	f Corporations	
Enclosed 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{\$}} \$	\$55 Filing Certified (\$60 Filing Fee; Certificate of Si	

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)

Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	bility company is: M17000	000184	
3. Jurisdiction of its organization: Louisiana			
4. Date authorized to do business in Florida: Jan	uary 6, 2017		
SECTION II (5-9 complete only the applicable c	hanges)	·	;*
5. New name of the limited liability company: BI (must	anchard Industrial, LL contain "Limited Liability Con	C mpany, ""L.L.C.," or "	LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the a	business in Florida and a lternate name. The alteri	attach a
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		s, enter the name of the	new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la Street Address	
	City	, Florida Zip Cod	de
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	gistered Agent: at and agree to act in this capac and complete performance of n ered agent as provided for in C in the registered office address.	city. I further agree to co ny duties, and I am fami Chapter 605, F.S. Or, if to	omply with liar with his

itle/ Capacity	<u>Name</u>	Address	Type of Actio
	See Attached		Add
			Remo
	······································		Add
		· · ·	Remo
		· -	Add
		.,	Add
			Remov
			Add
			Remov

Typed or printed name of signee

Please Remove the following Officers from Blanchard Industrial, LLC (f/k/a GIS Industrial, LLC):

President/Manager

William Clouatre

18838 Hwy. 3235, Galliano, LA

Assistant Secretary/Manager

Peter Reckmeyer, 909 W. 9th Ave., Anchorage, AK 99501

Please Add the following Officers to the remaining Officers of Blanchard Industrial, LLC (f/k/a GIS Industrial, LLC):

President/Manager

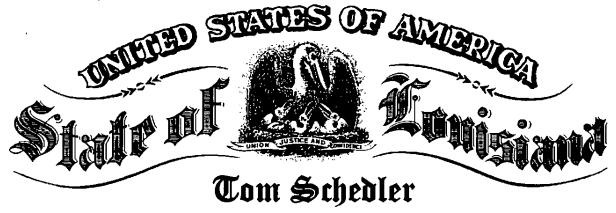
Mark A. Pregeant, II

18838 Hwy. 3235, P.O. Box 820, Galliano, LA 70354

Vice President/Manager

Thomas Wright

18838 Hwy. 3235, P.O. Box 820, Galliano, LA 70354



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

BLANCHARD INDUSTRIAL, LLC

A limited liability company domiciled in GALLIANO, LOUISIANA,

Filed charter and qualified to do business in this State on August 01, 2016,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 30, 2017

Certificate ID: 10892919#H6Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.ia.gov

Secretary of State
Web 42348198K