

MI70000006991

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

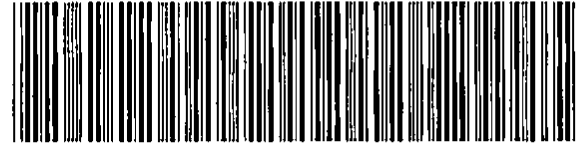
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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10/17/18--01002--008 \*\*25.00

FILED  
OCT 15 10:05 AM '18

2018 OCT 15 AM 10:16

N. CAUSSEAU  
OCT 25 2018

**SUBJECT:** Accordia Shipping 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:

Norbert PJ Gilbert  
Name of Person

Smart Street LLC  
Firm/Company

2357 Bellefield Cv.  
Address

Oviedo, FL 32765  
City/State and Zip Code

nGilbert@SmartStreetUSA.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norbert PJ Gilbert at ( 407 ) 687-8070  
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: Accordia Shipping LLC

Enter new principal office address, if applicable: 2550 Eisenhower Blvd.  
Suite 10  
Fort Lauderdale, FL 33316

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 2550 Eisenhower Blvd.  
Suite 10  
Fort Lauderdale, FL 33316

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000006991

3. Jurisdiction of its organization Delaware

4. Date authorized to do business in Florida: 08/15/2017

**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:

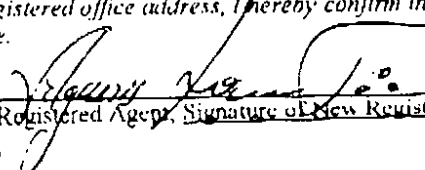
Name of New Registered Agent: Vilguins Louissaint

New Registered Office Address: 2550 Eisenhower Blvd., Suite 10

*Enter Florida Street Address*  
Fort Lauderdale, Florida 33316  
*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

RECEIVED  
STATE DEPARTMENT OF REVENUE  
OCT 15 AM 10:05

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.09X(2) (1)(c), indicate that change:

Vilguins Louissaint as both new Registered Agent and MGRM

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Vilguins Louissaint	2550 Eisenhower Blv	<input checked="" type="checkbox"/> Add

	Sarah Seidle		<input checked="" type="checkbox"/> Remove
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Add

Remove

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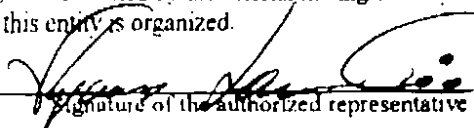
Remove

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STATE  
SECRETARY'S  
OFFICE  
2019 OCT 15 AM 10:06

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

**Vilguins Louissaint**

Typed or printed name of signee

Filing Fee: \$25.00