

M180000006384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

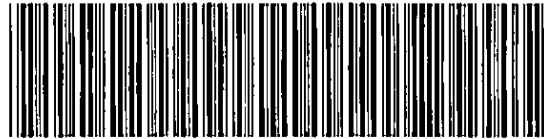
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 OCT 24 10:10:23

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Hemenway & Barnes LLP

75 State Street
16th Floor
Boston, MA 02109-1466
• 617 227 7940
• 617 227 0781
www.hembar.com

Besmira Miti
Direct Dial (617) 557-9756
bmiti@hembar.com

October 18, 2018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Trustees

Counselors at Law

Michael J. Puzo
Thomas L. Gindi
Edward Notis-McConarty
Diane C. Tillotson
Stephen W. Kidder
Arthur B. Page
Joan Garrity Flynn
Nancy B. Gardiner
Kurt F. Somerville
Teresa A. Belmonte
Brian C. Broderick
Charles Fayerweather
Nancy E. Dempsey
*Joseph L. Bierwirth, Jr.
*Dennis R. Delaney
*Mark B. Elefante
*John J. Siciliano
*Charles R. Platt
Ryan P. McManus

Harry F. Lee
*Sarah M. Wachob
M. Patrick Moore, Jr.

Kevin M. Ellis
Donna A. Mizrabi
Nathan N. McConarty
*Paul M. Cathcart, Jr.
*Steven L. Mangold

David B. Morse
Lawrence T. Perera
George L. Shaw
Timothy F. Fidgeon
Michael B. Elefante
Susan Hughes Banning
Frederic J. Marx
Deborah J. Hall
R. Robert Woodburn, Jr.
Raymond H. Young
Of Counsel

*Also Admitted in NH
*Also Admitted in NY
*Also Admitted in MN & RI

Re: IBP Group LLC (Document #: M18000006384)

Dear Sir/Madam:

Enclosed for filing is the Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida (the "Application") for the foreign limited liability company referenced above, together with a check in the amount of \$25 made payable to the Department of State representing the filing fee.

Please date-stamp the enclosed copy of the Application as proof of filing and return it to me in the self-addressed prepaid envelope.

If you have any questions do not hesitate to call me at 617-557-9756.

Sincerely,

Besmira Miti
Paralegal

Enclosure

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IBP GROUP 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:

Besmira Miti, Paralegal

Name of Person

Hemenway & Barnes LLP

Firm/Company

75 State Street

Address

Boston, MA 02109

City/State and Zip Code

bmiti@hembar.com

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

For further information concerning this matter, please call:

Besmira Miti

Name of Person

at (617) 557-9756

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

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**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: IBP GROUP LLC

Enter new principal office address, if applicable: 24 Cathedral Place, Suite 400

(Principal office address

MUST BE A STREET ADDRESS)

St. Augustine, Florida 32084

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: M18000006384

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 07/11/2018

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

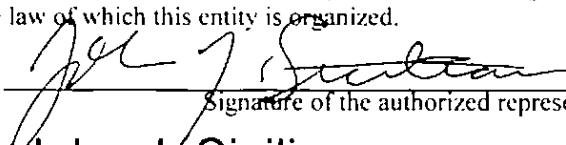
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
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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
John J. Siciliano

Typed or printed name of signee

Filing Fee: \$25.00