

M20000000526

(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:

J DENNIS

JUL 19 2023

Office Use Only



300408449273

05/16/23--01017--003 **25.00

FILED
CLERK OF STATE
OF CONNECTICUT
2023 MAY 16 AM 9:13



Heather Shlachtman
Paralegal

(214) 880-1830
hshlachtman@qslwm.com

May 4, 2023

Via Certified Mail No. 9314 8699 0430 0107 6174 33

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document No. M20000000526; STAT Overnight Delivery LLC

Dear Secretary of State:

Enclosed please find the following for filing in your records of the above-referenced entity:

1. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida;
2. Certificate of Fact certifying the name change filing and the entity's existence in its home state; and
3. Certified copy of Certificate of Amendment reflecting the name change in its home state.

A check in the amount of \$25 is also enclosed for your filing fee. Should you have any questions concerning this request, please call (214) 880-1830.

Sincerely,

Heather Shlachtman

Heather Shlachtman
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAT OVERNIGHT DELIVERY 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:

Heather Shlachman

Name of Person

QSLWM

Firm/Company

2001 Bryan Street, Suite 1800

Address

Dallas, TX 75201

City/State and Zip Code

hshlachman@qslwm.com

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

For further information concerning this matter, please call:

Heather Shlachman

Name of Person

at (214) 880-1830
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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: STAT OVERNIGHT DELIVERY 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: M20000000526

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 12/17/2019

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.")

AmeriShip Parcel Delivery 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

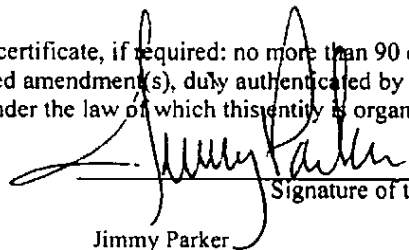
FILED
SECRETARY OF STATE
2023 MAY 16 AM 9:13
TALLAHASSEE, FLORIDA

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)(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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<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

Jimmy Parker

Typed or printed name of signee

Filing Fee: \$25.00

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

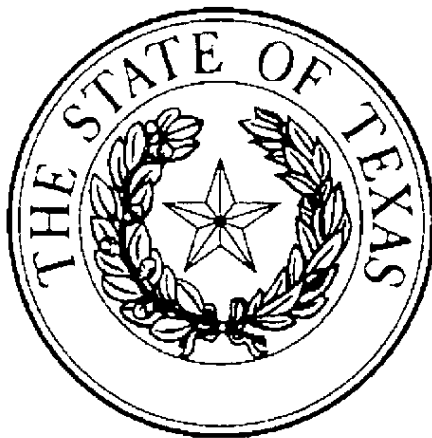
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 01, 2023, STAT Overnight Delivery LLC, a Domestic Limited Liability Company (LLC) (file number 802642827), changed its name to AmeriShip Parcel Delivery LLC.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 03, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

AmeriShip Parcel Delivery LLC
Filing Number: 802642827

Certificate of Amendment

March 01, 2023

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 27, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State

Form 424

(Revised 05/11)

Submit in duplicate to:

Secretary of State

P.O. Box 13697

Austin, TX 78711-3697

512-463-5555

FAX: 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 01 2023

Corporations Section

Entity Information

The name of the filing entity is:

STAT Overnight Delivery LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is: (Select the appropriate entity type below.)

☐ For-profit Corporation☐ Professional Corporation☐ Nonprofit Corporation☐ Professional Limited Liability Company☐ Cooperative Association☐ Professional Association☒ Limited Liability Company☐ Limited Partnership

The file number issued to the filing entity by the secretary of state is: 802642827

The date of formation of the entity is: February 6, 2017

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

AmeriShip Parcel Delivery LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent

(Complete either A or B, but not both. Also complete C.)

- ☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

- ☐ B. The registered agent is an individual resident of the state whose name is:

First Name

M.I.

Last Name

Suffix

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

- ☐ C. The business address of the registered agent and the registered office address is:

Street Address (No P.O. Box)

City

TX

State

Zip Code

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

- ☐ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

- ☐ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

- ☐ Delete each of the provisions identified below from the certificate of formation:

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A: ☒ This document becomes effective when the document is filed by the secretary of state.
- B: ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C: ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date:

2/23/2023

By:

STAT Overnight Delivery, LLC
Signature of authorized personJimmy Parker, Managing Member

Printed or typed name of authorized person (see instructions)