

M98000000484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

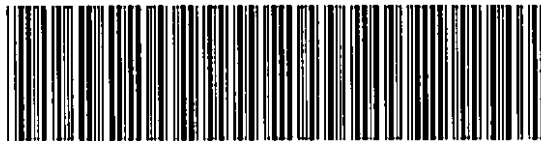
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2018

PETER FOLKARD
7200 NW 19TH ST, STE 500
MIAMI, FL 33126

SUBJECT: SEACO AMERICA LLC
Ref. Number: M98000000484

We have received your document for SEACO AMERICA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00020626

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEACO AMERICA 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:

PETER FOLKARD
Name of Person

SEACO AMERICA LLC
Firm/Company

7200 NW 19TH ST SUITE 500
Address

MIAMI FL 33126
City/State and Zip Code

PETER.FOLKARD@SEACOGLOBAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SLADER ATKINSON at (281) 772-3808
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

**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: SEACO AMERICA 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)

7200 NW 19TH ST SUITE 500

MIAMI FL 33126

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OCT 15 AM 7:42
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2. The Florida document number of this limited liability company is: M98000000484

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: 05/15/1998

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

5. New name of the limited liability company: N/A
(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: N/A

New Registered Office Address: N/A

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:

CHANGED DIRECTOR

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIR</u>	<u>SLADER ATKINSON</u>	<u>3700 BUFFALO SPEEDWAY STE 750 HOUSTON TX 77098</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>FDIR</u>	<u>ANGELA SMITH</u>	<u>3700 BUFFALO SPEEDWAY STE 750 HOUSTON TX 77098</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ASE</u>	<u>LAVIDANIA PENA</u>	<u>7200 NW 19TH ST STE 500 MIAMI FL 33126</u>	<input type="checkbox"/> Add <input checked="" 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.

Peter Folkard
 Signature of the authorized representative
PETER FOLKARD
 Typed or printed name of signee



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October 4, 2018

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Letter Number: 318A00020626

2018 OCT 15 AM 10:07