

MD4000000396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

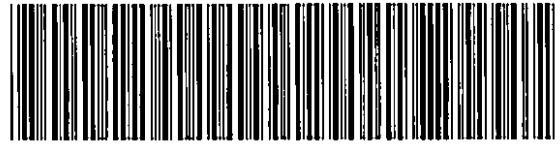
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400359684824

2021 FEB 11 10:25

2021 FEB 11 11:21

Amend

FEB 12 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 655412 8026669

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : February 10, 2021

ORDER TIME : 10:22 AM

ORDER NO. : 655412-015

CUSTOMER NO: 8026669

FOREIGN FILINGS

NAME: RSBC DELAWARE, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: *[Signature]*

**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: RSBC Delaware, 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: M04000000396

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/29/2004

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: _____

New Registered Office Address: _____

Enter Florida Street Address

City

_____, Florida

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

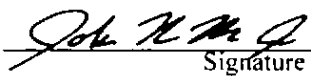
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See below and attached.

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------------------|------------------------------|--|
| CFO | Gavin McClintock | 14785 Preston Rd., Suite 975 | <input checked="" type="checkbox"/> Add |
| | | Dallas TX 75254 | <input type="checkbox"/> Remove |
| VP | Peter Clark | 14785 Preston Rd., Suite 975 | <input checked="" type="checkbox"/> Add |
| | | Dallas TX 75254 | <input type="checkbox"/> Remove |
| Manager | Huizenga Holdings, Inc. | 7900 Glades Road. Ste 402 | <input type="checkbox"/> Add |
| | | Boca Raton FL 33434 | <input checked="" type="checkbox"/> Remove |
| P | Wayne H Huizenga, Jr | 7900 Glades Road. Ste 402 | <input type="checkbox"/> Add |
| | | Boca Raton FL 33434 | <input checked="" type="checkbox"/> Remove |
| VT | Timothy Sargent | 4200 N Flagler Dr | <input type="checkbox"/> Add |
| | | West Palm Beach FL 33407 | <input checked="" 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

John Ray

Typed or printed name of signee

Filing Fee: \$25.00

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-----------------|---|-----------------------|
| VS | Carlos Vidueria | 14785 Preston Rd., Suite 975 Dallas TX 75254 | Change Address |