

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000009023
Phone : (512) 418-6949
Fax Number : (954) 208-0945

Enter the email address for this business entity to be used for future annual report mailing. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TV&C GP HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2017 OCT 23 AM 9:59

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D SCOTT
OCT 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TV&C GP Holding, 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:

Kim Olmstead
Name of Person

Emerson
Firm/Company

8000 West Florissant Ave.
Address

St. Louis, MO 63136
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Olmstead at (314) 553-2438
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)

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 TALLAHASSEE, FLORIDA

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: TV&C GP Holding, LLC

Enter new principal office address, if applicable:

(Principal office address) MUST BE A STREET ADDRESS

8100 West Florissant Ave. St. Louis, MO 63136

Enter new mailing address, if applicable:

(Mailing address) MAY BE A POST OFFICE BOX

8100 West Florissant Ave. St. Louis, MO 63136

2. The Florida document number of this limited liability company is: M09000004436

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 11/10/2009

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

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 an agent as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely list 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>
MGR + Treasurer	Mark Borin	5500 Wayzata Blvd., Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
MGR	Angela D. Jilek	5500 Wayzata Blvd., Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
MGR + President	Dennis Cassidy	5500 Wayzata Blvd., Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
Asst. Secretary	Steven B. Mesarik	5500 Wayzata Blvd., Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
Secretary	Jason Stokes	5500 Wayzata Blvd., Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<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

Typed or printed name of signee

Filing Fee: \$25.00

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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>
<u>VP-Finance</u>	Ademir Sarcevic	5300 Wayzata Blvd., Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
<u>President</u>	Terry D. Duzbee	501 South 1st Avenue	<input checked="" type="checkbox"/> Add
		Marshalltown, IA 50158	<input type="checkbox"/> Remove
<u>VP & Treasurer</u>	Teresa A. Burnett	8100 West Florissant Ave.	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63136	<input type="checkbox"/> Remove
<u>VP & CFO</u>	Gregory A. Harre	8100 West Florissant Ave.	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63136	<input type="checkbox"/> Remove
<u>Vice President</u>	Ravi Krishnan	8000 West Florissant Ave.	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63136	<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

Typed or printed name of signee

Filing Fee: \$25.00

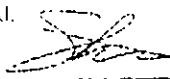
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
Secretary	Steven A. Chelensnik	3000 Norman Center Dr., Suite 1200	<input checked="" type="checkbox"/> Add
		Bloomington, MN 55437	<input type="checkbox"/> Remove
Asst. Secretary	Wenqian Z. Butcher	3200 Emerson Way	<input checked="" type="checkbox"/> Add
		McKinney, TX 75070	<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
 Steven A. Chelensnik

 Typed or printed name of signee

Filing Fee: \$25.00

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