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Fax Number : (850)617-6383

From:

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone

Fax Number

: (561)214-8442

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SATIS&FY LLC

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Help S. ROBERTS

### -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)

Name of limited liability Con State: satis&fy LLC	npany as it appears	on the records o	f the Florida De <sub>l</sub>	partment of	
Enter new principal office address	ss, if applicable:				
( <u>Principal office address</u> <u>MUST BE A STREET ADDRE.</u>	( <u>22</u>				
Enter new mailing address, if app ( <u>Mailing address</u> MAY BE A POST OFFICE BO					<del></del>
2. The Florida document number	of this limited liab	oility company is:			€5
3. Jurisdiction of its organization	Delaware				7:
4. Date authorized to do business	s in Florida: 11/02	/2012			•••
SECTION II (5-9 complete only					
5. New name of the limited liabil	lity company: (must	contain "Limited	Liability Comp	any, ""L.L.C.," or "L	<del>I.C.</del> ")
(If name unavailable, enter altern copy of the written consent of the must contain "Limited Liability (	managers of man	aging members a	transacting bus dopting the alter	iness in Florida and at nate name. The alterna	tach a ite name
6. If amending the registered ages registered agent and/or the new re	nt and/or registered	l officer address of iress here:	on our records, <u>e</u>	nter the name of the n	<u>ew</u>
Name of New Registered Agent:	Corporate Creatio	ns Network Inc.			
New Registered Office Address:	801 US Highway				
			Enter Florida Si		
	North	Palm Beach		, Florida 33408	
New Registered Agent's Signatur I hereby accept the appointment a he provisions of all statutes related accept the obligations of my placement is being filed to merely liability company has been notifie	is registered agent ive to the proper a position as register reflect a change in	and agree to act nd complete perfi red agent as prov the registered of change	ormance of my dided for in Chap fice address, I h	Zip Code  I further agree to con uties, and I am familia ter 605, F.S. Or, if this ereby confirm that the	aply with ar with
	If Ch	nging Registered		re of New Pagistared	A gapt

8. If the amend	iment changes person, title or cap	acity in accordance with 605.0902 (1)(e), indicate tha	t change:
Title/Capacity	<u>Name</u>	Address	Type of Action
Title Controller, Authorized Signatory	Corinne Cook	3550 NE 79th Ave	□Add
		Hillsboro, OR 97124	≅Remove
Manager	Misha DeWolf	3550 NE 79th Ave	\BAdd
		Hillsboro, OR 97124	□Remove
			\ \textsquare \textsquare Add
			□Remove
			DAdd
			□Remove
		<u> </u>	□Add
atoremention	certificate, if required: no more to ed amendment(s), duly authentic nder the law of which this entity	ated by the official having custody of records in the	□Remove
	Signa	ture of the authorized representative	

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Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SATISTFY LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SATISEFY LLC"
WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corp.delaware gov/auth

Authentication: 203407580

Date: 05-23-23