

M13000000 3035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

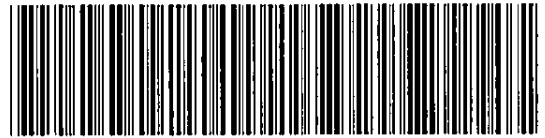
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 21 2023

JV

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2023 APR 20 AM  
SECRETARY  
TALLAHASSEE  
2023 APR 20 PM 1:42  
DISPATCH  
TALLAHASSEE  
FLORIDA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 04/20/2023

Acc#I20160000072

*W: L SW*

Name:	Polaris Holdings I, LLC
Document #:	
Order #:	14896876

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Polaris Holdings I, 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:

Dan Bolles  
Name of Person

Dominium  
Firm/Company

2905 Northwest Boulevard  
Address

Suite 150  
City/State and Zip Code

Plymouth, MN 55441  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana L. Henderson at ( 612 ) 604-6477  
Name of Person 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: Polaris Holdings I, 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

2023 APR 20 AM 11:01  
SECRETARY  
TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M13000003035

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 05/14/2013

## 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 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:

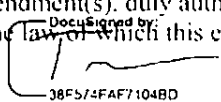
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Jeffrey R. Huggett</u>	<u>2905 Northwest Boulevard, Suite 150</u>	<input type="checkbox"/> Add
		<u>Plymouth, MN 55441</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Christopher P. Barnes</u>	<u>2905 Northwest Boulevard, Suite 150</u>	<input type="checkbox"/> Add
		<u>Plymouth, MN 55441</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Armand E. Brachman</u>	<u>2905 Northwest Boulevard, Suite 150</u>	<input type="checkbox"/> Add
		<u>Plymouth, MN 55441</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Timothy S. Allen</u>	<u>2905 Northwest Boulevard, Suite 150</u>	<input checked="" type="checkbox"/> Add
		<u>Plymouth, MN 55441</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Devon Quist</u>	<u>2905 Northwest Boulevard, Suite 150</u>	<input checked="" type="checkbox"/> Add
		<u>Plymouth, MN 55441</u>	<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.

DocuSigned by:  
  
 38F574FAF7104BD

Signature of the authorized representative

Timothy S. Allen

Typed or printed name of signee

Filing Fee: \$25.00