M15000004904.8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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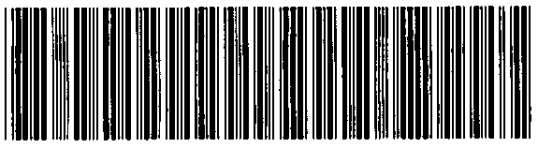

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TALLAHASSEE, FLORIDA
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DEPARTMENT OF STATE
16 SEP 13 AM 10:50

SEP 14 2016
S. YOUNG

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

ACCOUNT NO. : I20000000195

REFERENCE : 287004 4311863

AUTHORIZATION

COST LIMIT : $ 25.00

ORDER DATE : September 12, 2016

ORDER TIME : 5:41 PM

ORDER NO. : 287004-085

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: X5 OPCO LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____ 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: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: X5 OpCo 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:

Ivy Shapiro
Name of Person

Blank Rome LLP
Firm/Company

One Logan Square, 130 N 18th St.
Address

Philadelphia, PA 19103
City/State and Zip Code

Shapiro-i@BlankRome.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ivy Shapiro at (215) 569-5784
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)

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: X5 OpCo LLC

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 2828 North Harwood Street, Suite 1700
Dallas, TX 75201

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: M15000004068

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/22/2015

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

5. New name of the limited liability company: Magna5 LLC
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

_____

Title/ Capacity	Name	Address	Type of Action
Member	Magna5 Holdings LLC	2828 North Harwood Street, Suite 1700, Dallas, TX 75201	■ Add
		Greg Forrest	■ Remove
Member	Magna5 Partners LLC	555 East Lancaster Avenue, Suite 444, Radnor, PA 19087	■ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 London

Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "X5 OPCO LLC", CHANGING ITS NAME FROM "X5 OPCO LLC" TO "MAGNA5 LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2016, AT 1:15 O`CLOCK P.M.

16 SEP 13 AM 8:01

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jeffrey W. Bullock, Secretary of State

5619562 8100
SR# 20165744932

Authentication: 202975466
Date: 09-12-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:15 PM 09/12/2016
FILED 01:15 PM 09/12/2016
SR 20165740245 - File Number 5619562

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: X5 OpCo LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 of the Certificate of Formation is hereby amended and restated in its entirety to read as follows:

"1. The name of the limited liability company is Magna5 LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 8th day of September, A.D. 2016.

By: John London
Authorized Person(s)

Name: John London
Print or Type

16 SEP 13 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA