## 02100016156

(Re	questor's Name)	
(Ad-	dress)	
(Ad	diess)	
(Cit	y/State/Zip/Phone #	<i>f</i> )
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	<del>e)</del>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800389967598

NECEIVED

2022 JUL 21 AH 9:

2 4 412512025

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 823236 4810936

AUTHORIZATION

COST LIMIT : 25.00

ORDER DATE : July 20, 2022

ORDER TIME : 10:12 AM

ORDER NO. : 823236-080

CUSTOMER NO: 4810936

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#### FOREIGN FILINGS

NAME: ORANGE STANIEL, LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Orange Staniel, LLC	
Name of Foreign	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael Coogan	
Name of Person	
ECI Group	
Firm/Company	
2100 Powers Ferry Road, Suite 200	
Address	<del></del>
Atlanta, GA, 30339, USA	
City/State and Zip Code	
MCoogan@ecigroups.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
Ben Engel	at () 693-3705
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 a ☐\$25 Filing Fee ☐\$30 Filing Fee &	
□\$25 Filing Fee  □\$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certified Copy Certified Copy
CR2E055 (9/15)	Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

2022 JUL 21 AH 9: 23

1. Name of limited liability Company as it appear	rs on the records of the Florida Department of
State: Orange Staniel, LLC	
Enter new principal office address, if applicable:	
( <u>Principal office address</u> 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 lia	ability company is: M21000016156
3. Jurisdiction of its organization: Georgia	
4. Date authorized to do business in Florida:	/02/2021
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (must	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
5. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida Zin 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
	-		□Remov	
			□Aḋd	
	_	20000	□Remov	
			□Add	
	_		□Remov	
	_		□Remov	
			□Add	
aforementioned am	cate, if required: no more than 90 days endment(s), duly authenticated by the one law of which this entity is organized.  Signature of the authenticate of the authent	fficial having custody of reco	□Remov	

Filing Fee: \$25.00



Page 1

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 CONVERSION OF A GEORGIA LIMITED

LIABILITY COMPANY UNDER THE NAME OF "ORANGE STANIEL, LLC" TO A

DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE

TWENTIETH DAY OF JULY, A.D. 2022, AT 10:04 O'CLOCK A.M.



Jeffrey W. Buflock, Secretary of State

Authentication: 203961940

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:04 AM 07/20/2022
FILED 10:04 AM 07/20/2022
SR 20223035544 - File Number 6922962

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

1.)	The jurisdiction where the Non-Delaware Limited Liability Company first formed is Georgia
2.)	The jurisdiction immediately prior to filing this Certificate is Georgia.
3.)	The date the Non-Delaware Limited Liability Company first formed is November 22, 2021
4.)	The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Orange Staniel, LLC
5.)	The name of the Limited Liability Company as set forth in the Certificate of Formation is Orange Staniel, LLC.
IN	WITNESS WHEREOF, the undersigned have executed this Certificate on the 20th day of July, A.D. 2022
	By: Authorized Person

Name: Ben Engel

Print or Type