

PI3000050544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

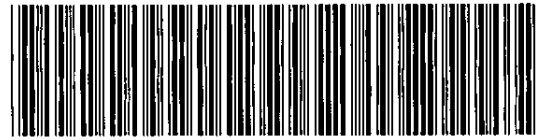
(Business Entity Name)

(Document Number)

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*name change  
& renewal*

RECEIVED  
DEPARTMENT OF STATE  
15 JUL 16 PM 4:26

FILED  
2015 JUL 16 PM 4:51  
TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

JUL 17 2015  
A RAMSEY

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

ACCOUNT NO. : I20000000195

REFERENCE : 710523 4304512

AUTHORIZATION

COST LIMIT : \$ 35.00

*Lynette Cleman*

ORDER DATE : July 16, 2015

ORDER TIME : 3:29 PM

ORDER NO. : 710523-005

CUSTOMER NO: 4304512

DOMESTIC AMENDMENT FILING

NAME: PT BRADLEY-MORRIS, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PT Bradley-Morris, Inc.

DOCUMENT NUMBER: P13000050544

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State and Zip Code

eborow@tscp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty A. Thomson at ( 312 ) 853-5403  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of  
PT Bradley-Morris, Inc.

FILED

2015 JUL 16 PM 4:51

(Name of Corporation as currently filed with the Florida Dept. of State)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

P13000050544

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

BMI Blocker Corp. II

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

c/o Thompson Street Capital Partners

120 S. Central Ave., Suite 600

St. Louis, MO 63105

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

c/o Thompson Street Capital Partners

120 S. Central Ave., Suite 600

St. Louis, MO 63105

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Corporation Service Company

1201 Hays Street

(Florida street address)

New Registered Office Address: Tallahassee, Florida 32301

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Courtney Williams  
Asst. Vice President

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

Change                      PT      John Doe

Remove                        V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Jeff Settembrino</u>	<u>777 Bricknell Ave., Suite 1070</u> <u>Miami, FL 33131</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PSD</u>	<u>Matthew B. Scherrer</u>	<u>120 S. Central Ave., Suite 600</u> <u>St. Louis, MO 63105</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Elizabeth R. Borow</u>	<u>120 S. Central Ave., Suite 600</u> <u>St. Louis, MO 63105</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Jesse Klien</u>	<u>120 S. Central Ave., Suite 600</u> <u>St. Louis, MO 63105</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CD</u>	<u>Vincent E. Warrick</u>	<u>120 S. Central Ave., Suite 600</u> <u>St. Louis, MO 63105</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jack Seneff</u>	<u>120 S. Central Ave., Suite 600</u> <u>St. Louis, MO 63105</u>



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*  

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 15, 2015 \_\_\_\_\_

Signature Matthew B. Scherrer

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Matthew B. Scherrer

\_\_\_\_\_  
(Typed or printed name of person signing)

President and Secretary

\_\_\_\_\_  
(Title of person signing)

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

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DOCUMENT NUMBER: P13000050544

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

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Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301