414000004233

| (Requ | iestor's Name) | | | |
|---|----------------|-------------|--|--|
| . (Addre | ess) | | | |
| (Addr | ess) | · | | |
| (City/S | State/Zip/Phon | ne #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busin | ness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

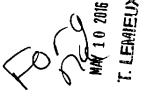
Office Use Only



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STATE OF THE STATE

RECEIVED MID: 58



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

| ACCOUNT NO. : 12000000195 | | | |
|---|--|--|--|
| REFERENCE : 127907 158753A | | | |
| AUTHORIZATION : Spelle Bear | | | |
| COST LIMIT : C\$\35.00 | | | |
| ORDER DATE : May 3, 2016 | | | |
| ORDER TIME : 9:30 AM | | | |
| ORDER NO. : 127907-030 | | | |
| CUSTOMER NO: 158753A | | | |
| | | | |
| FOREIGN FILINGS | | | |
| NAME: ELLIOT ASSOCIATES, INC. | | | |
| XX CORPORATE LIMITED PARTNERSHIP 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: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------------------------|---|--|
| SUBJ | Elliot Associates, Inc. | |
| ,5020 | Name | e of Corporation |
| DOC | UMENT NUMBER: F14000004233 | |
| The ea | nclosed Amendment and fee are submi | nitted for filing. |
| Please | e return all correspondence concerning | g this matter to the following: |
| Krister | n Maas | |
| | Name of Contact Person | |
| Golent | oock Eiseman Assor Bell & Peskoe LLP | |
| | Firm/Company | |
| 437 M | adison Avenue, 40th Floor | |
| | Address | |
| New Y | 'ork, NY 10022 | |
| | City/State and Zip Code | |
| kmaas | @golenbock.com | |
| E | -mail address: (to be used for future annu | nual report notification) |
| For fu | orther information concerning this matt | itter, please call: |
| Krister | n Maas | 212 622-7155 at () |
| | Name of Contact Person | at () Area Code & Daytime Telephone Number |
| Enclo | sed is a check for the following amour | ant: |
| | \$35.00 Filing Fee & Certificate of Status | & \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Copy (Additional copy is enclosed) |
| Amen Divisi P.O. I | ng Address: dment Section ion of Corporations Box 6327 nassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 must be completed)

D14000004033

| F14000004233 | |
|---|--|
| (Document ra | imber of corporation (if known) |
| Elliot Associates, Inc. | |
| (Name of corporation as it app | pears on the records of the Department of State) |
| 2. Now York | 3. October 7, 2014 (Date authorized to do business in Florida) |
| (Incorporated under laws of) | (Date authorized to do business in Plorida) |
| | SECTION II NLY THE APPLICABLE CHANGES) |
| 4. If the amendment changes the name of the corpo | oration, when was the change effected under the laws of |
| its jurisdiction of incorporation? | |
| 5. EAI Momber Inc. | |
| (Name of corporation after the amendment, addi appropriate abbreviation, if not contained in ne | ing suffix "corporation," "company," or "injcorporated," or with manner of the corporation) |
| (If new name is unavailable in Florida, enter alter business in Florida) | rnate corporate name adopted for the purpose of transacting |
| If the amendment changes the period of duration | |
| | |
| · · · · · · · · · · · · · · · · · · · | (New duration) |
| 7. If the amendment changes the jurisdiction of inc | corporation, indicate new jurisdiction. (New Jurisdiction) |
| . 1 | import, evidencing the amendment, authenticated not more than a Department of State, by the Secretary of State or other official liction under the laws of which it is incorporated. |
| | r, president or other officer - if in the hands |
| Alice Elliot | Manager |
| (Typed or printed name of person signing) | (Title of person signing) |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EAI MEMBER INC. was filed on 02/18/1988, under the name of ELLIOT ASSOCIATES, INC, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ELLIOT ASSOCIATES, INC, changing its name to EAI MEMBER INC., was filed 05/06/2016.



Witness my hand and the official seal of the Department of State at the City of Albany, this 06th day of May two thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State

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