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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN LSG SKY CHEFS NORTH AMERICA SOLUTIONS, INC.

Certificate of Status	3
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Page Count	01
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SEP 1 7 2020

## 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)

F14000	004507		
	(Document number of corporation (if known)		
LSG SKY CHEFS NORTH AMERICA SO	LUTIONS, INC.		
(Name of corp	poration as it appears on the records of the Department of	State)	
Delaware	3. 10/23/2014		
(Incorporated under lav		do business in Florida	)
(4-7 C)	SECTION II OMPLETE ONLY THE APPLICABLE CHANGES)		
<del>-</del>	corporation, when was the change effected under the laws	of its jurisdiction of	
incorporation?			
(Name of corporation after the amendment, not contained in new name of the corporation.)	adding suffix "corporation," "company." or "incorporate on)	d," or appropriate abb	previation, i
(If new name is unavailable in Florida, enter	r alternate corporate name adopted for the purpose of tran-	sacting business in Fl	lorida)
6. If the amendment changes the period of	of duration, indicate new period of duration.		
<u></u>	(New duration)		$\Diamond$
7. If the amendment changes the jurisdict	tion of incorporation, indicate new jurisdiction.	7020 SEE	
_	(New jurisdiction)	<del></del>	1
		U	
3. If amending the registered agent and/or	registered office address in Florida, enter the name of	- 41	ご
new registered agent and/or the new regi	istered office address:	<u>tne</u> -: 28	
Name of New Registered Agent			
-	(Floridu street address)		
New Registered Office Address:	, Flori		_
	(City)	(Zip Code)	
New Registered Agent's Signature, if ch			
I hereby accept the appointment as register	red agent. I am familiar with and accept the obligations	of the position.	
Signature of New Registe	rred Agent if changing		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
P, <b>D</b>	John Rutjes	5040 Riverside Dr., Bldg.1, Ste. 200	□Add
		trying, Texas 75039	x Change □Remove
Secretary	Don Hinderliter	5040 Riverside Dr., Bldg.1, Stc. 200	<b>⊘</b> Add
		Irving, Texas 75039	
Secretary And	Anne Sparks	5040 Riverside Dr., Bldg. I, Ste. 200	□Add
		Irving, Texas 75039	ERemove
P, D	James Wroath	5040 Riverside Dr., Bldg.1, Ste. 200	
		Irving, Texas 75039	Ekemove
D. SVP	Tone Cresswell	5040 Riverside Dr., Bldg. I, Ste. 200	☑Add
		Irving, Texas 75039	©Remove
O. Attached is a of the application under the law	certificate or document of similar import, eation to the Department of State, by the Secret vs of which it is incorporated.	videncing the amendment, authenticated no ary of State or other official having custody	of more than 90 days prior to delivery of corporate records in the jurisdiction
	(Signature of a direct a receiver or other c	tor, president or other officer - if in the han ourt appointed fiduciary, by that fiduciary)	ds of
Ashl	ey Goldsmith	Attorney-in-Fac	<u> </u>
(Typed or printed name of person signing)		(Title of per	rson signing)

FILING FEE \$35.00