

L14 000058819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

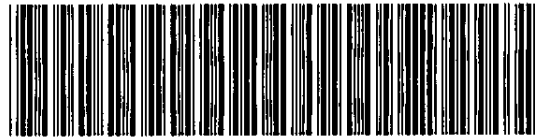
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 095326 4301463

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : April 15, 2014

ORDER TIME : 12:58 PM

ORDER NO. : 095326-005

CUSTOMER NO: 4301463

DOMESTIC AMENDMENT FILING

NAME: 736 OPERATING LLC

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: Susie Knight -- EXT# 52956

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

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## 736 OPERATING LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

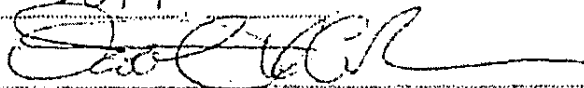
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert K. Cohen	29 Cherry Lawn Blvd.	<input checked="" type="checkbox"/> Add
		New Rochelle, NY 10804	<input type="checkbox"/> Remove
MGR	Kim Cannon	Level 40 Riverside Centre	<input checked="" type="checkbox"/> Add
		123 Eagle Street	<input type="checkbox"/> Remove
		Brisbane QLD 4000 Australia	
AMBR	Cannon World PTY Limited as trustee for the Cannon World Trust 2	Level 40 Riverside Centre 123 Eagle Street Brisbane QLD 4000 Australia	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Cannon World Proprietary Limited as trustee for the Cannon World Trust	Level 40 Riverside Centre Brisbane QLD 4000 Australia	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 4-14-2014



Signature of a member or authorized representative of a member

ROBERT K. COHEN

Typed or printed name of signer

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Filing Fee: \$25.00

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