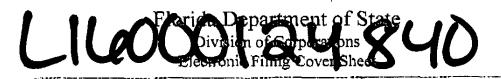
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Division of Corporations

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Division of Corporations

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From:

Account Name : BEGGS & LANE Account Number: I20020000155

: (850)432-2451 Phone

Fax Number : (850)469-3331

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCH-TITUSVILLE, LLC

| Certificate of Status | 0 | <u> </u> |
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| Page Count | 04 | |
| Estimated Charge | \$25.00 |) |

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| | gistration So vision of Cor | | · • | • |
| SUBJECT: | CCH-Titus | ville, LLC | | |
| SUBJECT: | | Nume of Lin | nited Liability Company | |
| | | Amendment and fee(s) are sub | _ | |
| Please return | n all correspo | indence concerning this matter | to the following: | |
| | | William H. Mitchem, Esq. | | |
| | | | Name of Person | |
| | | Boggs & Lane, RLLP | | |
| | | | Firm/Company | |
| | | 501 Commendencia Street | · | |
| | | | Address | |
| | | Pensacola, Florida 32502 | | |
| | | -L | City/State and Zip Code | |
| | | charvey@thginvestments.c E-mail address: (| to be used for future annual report noti | ficution) |
| For further i | nformation c | oncerning this matter, please c | alt: | |
| William H. | Mitchem, Es | q. | 850 432-2451 | |
| | Name o | ſ Person , | Area Code Daytim | o Telephone Number |
| Enclosed is | a check for th | ic following amount: | | |
| \$25.00 | | 口 \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Be | ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314 | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce | n ations |

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CCH-Titusville, LLC | | | |
|--|---|----------------------|--|
| (Name of the Limited Lability Compa (A Florida Limited | ny их it now appears on our records.) Liability Compuny) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L16000124840 | were filed on July 6, 2016 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited ligh | ility company here: | | |
| Catalyst Acquisitions, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabl | fity Company," the designation "LLC" or the ut | abreviation "[[.,C," | |
| Enter new principal offices address, if applicable: | 41 N. Jefferson Street, 4th Floor | | |
| (Principal office address MUST BE A STREET ADDRESS) | Pensacola, Florida 32502 | | |
| Enter new mailing address, if applicable: | 41 N. Jefferson Street, 4th Floor | 7 HAY | |
| (Muiling address MAY BE A POST OFFICE BOX) | Pensacola, Florida 32502 | 2 | |
| | | 35 500 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | Nice address on our records, <u>enter</u> e: | the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Floridy street address | | |
| | thier triorida street address | | |
| | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | Trip. | an com | |
| The state of the s | | | |

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

(((H17000120491 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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|). If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| . Effect | ive date, if other than the date of filing: May 2, 2017 (optional) Fedire date is listed the date must be specific and because of filing or more than 90 date of filing.) Pursuant to 605 | |
| Note: | (optional) feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records. | ,0207 (3)(1 d as the |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed. | er of: |
| 0 | M 2 2017 37, | |
| Dated | | 설립. |
| | Signature of a member or authorized representative of a member | |
| | William H, Mitchem, Esq. | 景の |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00