Page: 2 of 4

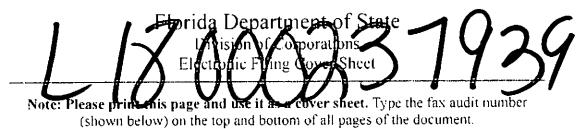
2022-02-23 10.37:11 PST

19548277645

From: Kaity Toon

2/23/22, 12:35 PM

Division of Corporations



(((H220000707403)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**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 RV RETAILER EAST, LLC Certificate of Status Certified Copy 03 Page Count \$55.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

LEB 54 5055 qlaH T. LEMIEUX

From: Kaity Toor

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: RV Retailer East, LLC	
Enter new principal office address, if applicable:	301 East Las Olas Blvd., Suite 700
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Fort Lauderdale, FL 33301
Enter new mailing address, if applicable: (Mailing address	301 East Las Olas Blvd., Suite 700
MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301
2. The Florida document number of this limited lia	ability company is: 1.18000237939
3. Jurisdiction of its organization: Delaware	<u> </u>
4. Date authorized to do business in Florida: 10/1.	5/2018
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C., "for "LEC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mat must contain "Limited Liability Company," "L.L.(I for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here;
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am funiliar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

Ta: +18506176353

From: Kaity Toon

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
Title/ Capacity	Name	Address	Type of Action
			□Add
			□Remove
			□Remove
			_Add
			□Remove
aforementioned a	ficate, if required: no more than nendment(s), duly authenticated the law of which this pathy is o	l by the official having custody of records in th	Remove

2022-02-23 10:37:11 PST

Filing Fee: \$25.00

Typed or printed name of signee