

Division of Corporations

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**16082372310**

Florida Department of State  
Division of Corporations  
Public Accounting Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000029533 3)))



H16000029533ABC

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**\*\*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  
ASENTINEL, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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2016 FEB -4 AM 6:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 05 2016  
J. BRUCE

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Corporate Filing Menu

Help

Fax Audit # H16000029533 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA****SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Asentinel, LLC

2. Jurisdiction of its organization: Tennessee

3. Date authorized to do business in Florida: 10/16/2002

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.,"  
or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate  
that change: \_\_\_\_\_

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Debbie Putnam  
Signature of the authorized representative

Debbie Putnam, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A TENNESSEE LIMITED LIABILITY COMPANY UNDER THE NAME OF "ASENTINEL, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, WAS FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2014, AT 12:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5666063 8317  
SR# 20160371760

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 201720770  
Date: 01-25-16