8/1/2018

n; Ranae McGraw Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COVERIS KEY HOLDINGS LLC

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Electronic Filing Menu Corporate Filing Menu

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 hability Company as it appear	irs on the records of the Florida I	Department of	
State: Coveris Key Holdings LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			•
· · · · · · · · · · · · · · · · · · ·			<u> </u>
2 The Florida document number of this limited b	iability company is: M05000005	742	· .
Delaware	•		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10/	770.;	, 	· · · · · · · · · · · · · · · · · · ·
SECTION II (5-9 complete only the applicable	changes)		•
5. New name of the limited liability company: [(mu	Franscontinental Key Holdings LL ist contain "Limited Liability Con	C mpany, " "L.L.C	" or "LLC;")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or moust contain "Limited Liability Company," "L.L.	anaging members adopting the a	business in Flori Iternate name, Tl	de and attach a ne alternate name
	•		r <u>sa</u>
6. If amending the registered agent and/or registe registered agent and/or the new registered office:	red officer address on our record address here;	s, enter the name	
Name of New Registered Agent:	•		AUG
New Registered Office Address:	Enter Floria	la Sireet Address	
	•	, Florida	:3€
	City		Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regi- document is being filed to merely reflect a chang liability company has been notified in writing of	ent and agree to act in this capa ir and complete performance of i stered agent as provided for in C e in the registered office address	ny duiles, and Lo Thapter 605, F.S.	am familiar with Or, if this

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
tle/ Capacity	Name .		Address	Type of Action	
				Add -	
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aforementioned a	tificate, if required: no rumendment(s), duly author the law of which this e	enticated by tentity is organi	he official having custody of recer ized.	ds in the	
	- Julie Browning, A		re authorized representative		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'COVERIS KEY HOLDINGS

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

'TRANSCONTINENTAL KEY HOLDINGS LLC' ON THE TWENTY-SIXTH DAY OF

JUNE, A.D. 2018, AT 6:05 O'CLOCK P.M.



Authentication: 203163460

Date: 07-31-18