

Division of Corporations

M05000005742
Florida Department of State
Division of Corporations
Electronic Filing Cover 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.

((H220000915353))



H220000915353ABC

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 : FCA000099023
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: _____

2022 MAR 10 PM 3:27

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 10 PM 2:15

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

MAR 11 2022

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 on the records of the Florida Department of

State: TRANSCONTINENTAL KEY HOLDINGS LLC

Enter new principal office address, if applicable: 8700 W BRYN MAWR AVE

(Principal office address MUST BE A STREET ADDRESS)
STE 1000N
CHICAGO, IL 60631

Enter new mailing address, if applicable: 8700 W BRYN MAWR AVE

(Mailing address MAY BE A POST OFFICE BOX)
STE 1000N
CHICAGO, IL 60631

2. The Florida document number of this limited liability company is: M105000005742

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/07/2005

SECTION II (5-9 complete only the applicable changes)

5. 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

2022 MAR 10 AM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	SEE ATTACHED	SEE ATTACHED - UPDATED	<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

9. Attached is a 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.

/s/ Christine Desaulniers

 Signature of the authorized representative

Christine Desaulniers, Secretary and Chief Legal Officer

 Typed or printed name of signee

Filing Fee: \$25.00

Name of entity : TRANSCONTINENTAL KEY HOLDINGS LLC

Names and complete business addresses of each of its current officers and directors :

Name	Title Role	Title
Bendavid, Salomon	Officer	Vice President
Browning, Julie	Officer	Assistant Secretary
Cote, Isabelle	Officer	Controller
Cote, Isabelle	Officer	Vice President
CPG Finance, Inc.	Member	Member
Desaulniers, Christine	Officer	Chief Legal Officer
Desaulniers, Christine	Officer	Secretary
Gertilus, Clerveda	Officer	Assistant Secretary (Tax)
Gonfreville, Marie-Ève	Officer	Assistant Secretary (Tax)
Hebert, Mathieu	Officer	Treasurer
Jensen, Bruce	Manager	Manager
Jensen, Bruce	Officer	Vice President
Lasley, Jeffrey	Manager	Manager
Lasley, Jeffrey	Officer	Vice President
LeCavalier, Donald	Officer	Chief Financial Officer
Morin, Thomas Gaston Louis	Manager	Manager
Morin, Thomas Gaston Louis	Officer	President
Morisset, Eric	Officer	Vice President

Address for all: 8700 W. Bryn Mawr Ave., Suite 1000N, Chicago, IL 60631