Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350)617-5383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORLD KITCHEN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

S. WARREN

JAN 02 2018

⊇age 3 of 6	2018-01-02 08 12:47 CST	19542080845 From Range McGrav
	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: World Kitchen, LLC		
Nam	ne of Foreign Limited Liability Company	y .
Dear Sir or Madam:		
The enclosed application, certificate	and fee(s) are submitted for filing.	
Please return all correspondence cor	neeming this matter to the following:	
Elliot I. Molk		
Nume of Per	rson	
World Kitchen, LLC.		
Firm/Compa	any	
9525 West Bryn Mawr Ave., Suite 300		
Address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Rosemont, IL 60018		
City/State a	nd Zip Code	
Elliot.molk@corellebrunds.com		
E-mail address: (to be used for fi		
For further information concerning Elliot I. Molk	847 233-8752	
Name of Person	at ()	Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florich 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314
		S60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (W15)	2	

# ICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears  State: World Kitchen, LLC	ars on the records					
State:						
enter new principal office mores, it approach			,		•	•
Principal office address MUST BE A STREET ADDRESS						<del></del> -
				<del></del>	<del></del>	
			:	•		
Enter new mailing address, if applicable:	<u> </u>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		<del>. i.i.,</del>	<del>-</del> <del>=</del>
( <u>Mulling address</u> MAY BE A POST OFFICE B <b>O</b> S)					<u> </u>	<u>(</u>
			· .··	<u></u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- <del>1</del>
a see see to be a see to be	iahilin namaany	M06000	006889 -			200
2. The Florida document number of this limited	madiny company	13.	<del></del>			. ===
3. Jurisdiction of its organization: DE		·		·		تى_
4. Date authorized to do business in Florida:	2/12/2006		· · · · · · · · · · · · · · · · · · ·	· ·	<del></del>	
SECTION II (5-9 complete only the applicab		· · · · ·	•		٠.	
5. New name of the limited liability company:	Corelle Brands Lt		Communit	n el 1 C	" or "l	10
(n	ust contain "Limi	ice Ciability	Company,	<b>L</b> ,L.C	., 01 6	,
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "L.	nanaging member	e of transact s adopting th	ing busines ne alternate	s in Flori name, T	da and a he altern	ttuch ate n
		• •			•	
<ol><li>I) amending the registered agent and/or regis registered agent and/or the new registered offic</li></ol>	ered officer addre address here:	ss on our re	ords, <u>enter</u>	the nam	e of the r	<u>jew</u>
Name of New Registered Agent:						
New Registered Office Address:	· .		· · · · · · · · · · · · · · · · · · ·		·	
The state of the s		Enter Fi	orida Stree	i Adares:	•	
			, F	lorida		
		City			Zip Cod	le ,

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 affice address, I nereby confirm that the limited liability company has been notified in writing of this change.

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	Name		Address	Type of Action		
			`	Remove		
		****	* .			
				Add		
		<del></del>		Remove		
		****		Add		
		64.000		Remove		
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Attached is a certific aforementioned amo jurisdiction under the	ndment(s), duly nut	henticated by the g	fficial having custody of reco	ords in the 2 80 80 80 80 80 80 80 80 80 80 80 80 80		
	Elliet I. Molk	Signature of the at	nhorize depresentative	-2 開		
		Typed or printed no		<b>5</b> 2		

## <u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID WORLD KITCHEN, LLC, FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO CORELLE BRANDS LLC ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017, AT 1:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SECOND DAY OF JANUARY, A.D. 2018 AT 12:01 O'CLOCK A.M.

2279079 8320 SR# 20180004249 Authentication: 201901388

Date: 01-02-18