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Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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179 IAN -3 P

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

SECTION	N I (1-4 must be completed)	SLE
Name of limited liability Company as it appear	rs on the records of the Florida D	Department of
•		\$25. \$25.
State: CORELLE BRANDS LLC		
Enter new principal office address, if applicable:		
(Principal office address		
MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited li		389
Jurisdiction of its organization: Delaware		····
4. Date authorized to do business in Florida: 12/	12/2006	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company:	nstant Brands LLC	
(mu	st contain "Limited Liability Con	npany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting the al	ousiness in Florida and attach a lternate name. The alternate name
6. If amending the registered agent and/or registe registered agent and/or the new registered office a	red officer address on our record address here:	s, enter the name of the new
Name of New Registered Agent;		
New Registered Office Address:		0
Enter Florida Street Address		
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the company has been notified in writing the company has been notified in the company has been notified	Legistered Agent; ent and agree to act in this capac r and complete performance of n stered agent as provided for in C e in the registered office address;	ny duties, and I am familiar with hapter 605, F.S. Or, if this

Page: 4 of 5

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	Name	Address Ty	pe of Action		
			_ 🗆 Add		
			_ □Remove		
			_ 🗆 🗆 Add		
			_ □Remove		
	.		_ □Add		
			_ Remove		
			□Add		
			_ □Remove		
			□Add		
aforementioned an	the law of which this entity is orga	the official having custody of records in the	Remove Studentials Y OF		

Filing Fee: \$25.00

Typed or printed name of signee



Page: 5 of 5

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CORELLE BRANDS LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'INSTANT BRANDS LLC' ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021, AT 1:36 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. 2022 AT 12:01 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

Authentication: 202301143

Date: 01-03-22