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.

(((H20000223903 3)))



H200002239033ABCV

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 : SQUIRE, PATTON & BOGGS US LLP

Account Number : 120020000175 Phone : (813)202-1300 Fax Number : (813)202-1313

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

Email Address:____

S TALLENT

JUL 2 0 2320

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERRADO LIDO LLC

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

Foreign

Electronic Filing Menu

Corporate Filing Menu

Help

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 De	pariment of	
State: FERRADO LIDO LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		, c	r vaus F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		,	UL 15 AHIC
2. The Florida document number of this limited liab	bility company is: M0800000106	5 ,	3: 46
3. Jurisdiction of its organization: Delaware			_
4. Date authorized to do business in Florida: Mare			
SECTION II (5-9 complete only the applicable of	changes)		
New name of the limited liability company:	contain "Limited Liability Comp	pany, ""L.L.C.," or "LLC.	···)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alte	siness in Florida and attach mate name. The alternate n	a ame
6. If amending the registered agent and/or registere tegistered agent and/or the new registered office ad		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			-
	Enter Florida		
	Cirv	_, Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change hability company has been notified in writing of the	it and agree to act in this capacit and complete performance of my ered agent as provided for in Cha in the registered office address, I	duties, and I am familiar w ipier 605, F.S. Or, if this	ith

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1 He), indicate that change:					
Fitle/ Capacity	Name	Address	Type of Action		
Treasurer	Andrea Barnett	20411 SW BIRCH ST, SUITE 360	□Add		
		NEWPORT BEACH, CA 92660	≅Remo		
CFO Andrea Barnett	20411 SW BIRCH ST, SUITE 360	■ Add			
		NEWPORT BEACH, CA 92660	□Remo		
EVP	Jonathan Petrus	20411 SW BIRCH ST, SUITE 360	DAdd		
	NEWPORT BEACH, CA 92660	■Remo			
Executive VP Jonathan Petrus	20411 SW BIRCH ST, SUITE 360	≅Add			
	NEWPORT BEACH, CA 92660				
aforemention	ned amendment(s), duly authenti inder the law of which this entity	ature of the authorized representative			