

## 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.

(((H17000311584 3)))



H170003115043ABC/

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 : CIKLIN LUBITZ & O'CONNELL

Account Number: 076376001447. Phone : (561)832-5900

Fax Number

: (561)833-4209

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

Email	Address:	

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LGL HOLDINGS MANAGEMENT, LLC

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

NOV 2 9 2017

A SHIPKES Corporate Filing Menu Electronic Filing Menu

11/28/2017

# 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)

Name of limited liability Company as it appears on the records of the Florida Department of  State: LGL HOLDINGS MANAGEMENT, 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)
2. The Florida document number of this limited liability company is:
3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  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.

itle/ Capacity	Name	<u>Address</u>	Type of Action
MGR	Charles Lomangino	2401 PGA Boulevard, Suite 200	
		Palm Beach Gardens, Florida 334	110 Remo
<del></del>			Add
			Remo
			, ∏Add
		.01	
			Remo
			Add <sup>)</sup>
			Remo
	·		Add
			Remo

Typed or printed name of signee

Piling Pee: \$25.00

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LGL HOLDINGS MANAGEMENT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LGL HOLDINGS"

MANAGEMENT, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D.

2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

 $\mathcal{L}_{i} = \partial \mathcal{L}_{i}$  (6)

Authentication: 203630164

Date: 11-27-17

4087098 8300 SR# 20177238292

You may verify this certificate online at corp.delaware.gov/authver.shtml