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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
(Ви	isiness Entity Ner	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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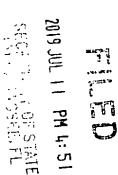
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EDH US LLC Name of Foreign	ne Change Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Nicolette Johnson	
Name of Person	
EDH US LLC	
Firm/Company	
8600 Commodity Circle, Sui	te 107
Address	
Orlando, FL, 32819	
City/State and Zip Code	
nicolette@flightscope.cor E-mail address: (to be used for future annual re	i/
For further information concerning this matter, p	lease call:
Nicolette Johnson	3257601
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*}\text{ \$\text{ \$\exit{ \$\text{ \$\exitt{ \$\text{ \$\text{ \$\exitrig} \$ \$\tex	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status &

Certified Copy

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 appear State: EDH(US)LLC	s on the records of the Florida Department of	
Enter new principal office address, if applicable:	8600 Commodity Circle	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Suite 107	
	Orlando,FL, 32819	
Enter new mailing address, if applicable:	8600 Commodity Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 107	
	Orlando,FL, 32819	
2. The Florida document number of this limited lia	<u>_</u>	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 04/	/23/2008 <u></u>	
SECTION II (5-9 complete only the applicable	changes)	
	lightscope US LLC	
(mus	st contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")	
	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:	
Name of New Registered Agent: Not application	able	
New Registered Office Address: Not application	able	
	Enter Florida Street Address	
_	, Florida City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	egistered Agent: Out and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this or in the registered office address. I hereby confirm that the limited	

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Act	
Mngr	Jim Hayes	7109-436 Yacht Basin Ave	Add	
		Orlando,FL, 32835	Rem	
/Ingr	Henri Johnson	3444 S Lake Butler Blvd	Add	
		Windermere,FL, 3478	86 _{□ Rem}	
			Add	
			Remo	
			Add	
			Remo	
			Add	
			Remo	
aforemention	e certificate, if required; no more than oned amendment(s), duly authenticated under the law of which this entity is organized.	by the official having custody of records in the		

Typed or printed name of signee

State of Delaware
Secretary of State
Division of Corporations
Delhered 11:00 AM 06/14/2019
FILED 11:00 AM 06/14/2019
SR 20195465826 - File Number 4441645

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:		iability company is hereby ame
Amendment f FlightScope	for a name change fr	om EDH US LLC name t
119/1100000	3 00 HDC	
į		
ľ		
IN MITTAGE A	Number of the second	
		I have executed this Certificate
	WHEREOF, the undersigned day of June	I have executed this Certificate , A.D. 2019
	day of June	, A.D. 2019
	day of June	A.D. 2019
	day of June	, A.D. 2019
	day of June By:	Authorized Person(s)
	day of June By:	A.D. 2019



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8281877 HENRI JOHNSON 8600 COMMODITY CIRCLE UNIT 107 ORLANDO, FL 32819

06-19-2019

DESCRIPTION		AMOUNT
4441645 - FLIGHTSCOPE US LLC 0240Y Amendment Name		
	Amendment Fee	\$180.00
	Court Municipality Fee, Wilm.	\$20.00
	Expedite Fee, Same Day	\$200.00
	TOTAL CHARGES	\$400.00
	TOTAL PAYMENTS	\$400.00
	BALANCE	\$0.00