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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 **DUFF & PHELPS, LLC**

Certificate of Status	0
Certified Copy	0
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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)

Name of limited liability Company as it appears on     DUFF & PHFLPS 11.C.			
State: DUFF & PHELPS, LLC			<del></del>
Enter new principal office address, if applicable:			~
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address			<u>r</u>
MAY BE A POST OFFICE BOX)	<u></u>		
			<u> </u>
2. The Florida document number of this limited liability	ty company is: M08000004	212	<u> </u>
Jurisdiction of its organization:  Delaware  09/16/20			
4. Date authorized to do business in Florida: 09/16/20	008		·
SECTION 11 (5-9 complete only the applicable cha	nges)		
Kroll,	LLC		
(must co	ntain "Limited Liability Co	mpany, ""L.L.C.," or "Ll	ĪC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ing members adopting the a	business in Florida and att dternate name. The alterna	ach a te name
6. If amending the registered agent and/or registered o registered agent and/or the new registered office addresses	officer address on our recon	is, enter the name of the ne	<u>ew</u>
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Flori	da Street Address	
		, Florida Zip Code	<del></del>
	City	z.ip Coae	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this content.	nd agree to act in this capa I complete performance of d agent as provided for in ( he registered office addres.	my duties, and Lam familic Chapter 605, F.S. Or, if thi	ar with s

If the amendment c	hanges person, title or capacity in acc	ordance with 605.0902 (1)(e), indicate tha	t change:
tle/ Capacity	Name	Address	Type of Action
			□Remo
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			□Add
			Remo
			□Add
aforementioned an	the law of which this entity is organic	ie official naving custouy of fection in a	∏Remo

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DUFF & PHELPS, LLC", CHANGING ITS NAME FROM "DUFF & PHELPS, LLC" TO "KROLL, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF APRIL, A.D. 2021, AT 10:12 O'CLOCK A.M.



Authentication: 202988080

2637141 8100 SR# 20211325108 Date: 04-16-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:12 AM 04/16/2021
FILED 10:12 AM 04/16/2021
SR 20211325108 File Number 2637141

pg 5 of 5

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	i Formation of the infine	liability company is he	reby an
First: The Rroll, LLC.	name of the limit	ed liability comp	pany
	/HEREOF, the undersignday of April		Certifica D. 2023