M0800000 5572

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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2016 JUL 28 AH II: 06
SECRETARY OF STATE
SECRETARY OF STATE

K. SALY EXMAINER

AUG 1



July 18, 2016

DELAWARE BUSINESS INCORPORATORS,INC REGINA STEPPI 3422 OLD CAPITOL TRAIL, STE. 700 WILMINGTON, DE 19808

SUBJECT: BACCARAT PROPERTIES, LLC

Ref. Number: M08000005572

We have received your document for BACCARAT PROPERTIES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 816A00014929

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BACCARAT PRO Name of Foreign	DPERTIES, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) as	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
REGINA STEPPI Name of Person	
Delaware Business Incorpora Firm/Company	Hors, Inc.
3422 Old Capital Trail, Sui	te 700
Wilmington, DE 19808 City/State and Zip Code	
F-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p Regina Steppi	
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: \$\sum \\$25 \text{ Filing Fee} \sum \\$30 \text{ Filing Fee & Certificate of Status}	\$55 Filing Fee & - S60 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 appears of State:BACCARAT PROP	
Enter new principal office address, if applicable:	N/A SERIES
MUST BE A STREET ADDRESS)	Office of
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
2. The Florida document number of this limited liabi	ility company is: M08000005572
· ·	ware
4. Date authorized to do business in Florida:	2 <i> 30 20</i> 08
5. New name of the limited liability company:(must o	Avantage USA, LLC contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C."	or the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enter the name of the new ress here:
Name of New Registered Agent:	N/A
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.

. If the amendment c	hanges person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Actio
			Add
			Rcppo
			Report July C
			St. E. Fiction
			\` \ \` \\
			Remov
			Add
•			Remove
	***************************************		Add
		•	Remov
aforementioned am	he law of which this entity is organiz	e official having custody of records in the	
	Signature of the	authorized representative	
	Marcus A Katz		
	Typed or printed	I name of signce	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "AVANTAGE USA, 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 TWELFTH DAY OF JULY, A.D. 2016.

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

SECRETARY OF STATE AHASSEE, FLORIDE

r r r



Authentication: 202643972

Date: 07-12-16

4634638 8300 SR# 20164876151

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:30 AM 07/11/2016
FILED 10:30 AM 07/11/2016
SR 20164846345 - File Number 4634638

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	ticle I: Name: The	name of the 11h	nited liability	compa
Avantage US	SA, LLC			
			,	
			,	
IN WITNESS 1	WHEREOF, the undersigned	I have executed this Ce	rtificate;on.	
IN WITNESS V	WHEREOF, the undersigned		2016	
* * ***			2016	. Ti
* * ****				