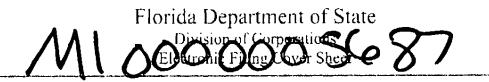
11/22/22, 4:07 PM

Division of Corporations



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.

(((H220003983073)))



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 : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** . n $\ddot{\sim}$ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEPSA OPERATING GROUP LLC Certificate of Status Certified Copy

C. BRUMBLEY

PLEASE HONOR THE ORIGINAL SUBMISSION DATE OF 11/22/2022

Electronic Filing Menu Corporate Filing Menu

Page Count

Estimated Charge

Help

03

\$55.00

16144554862

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 appear State: Nepsa Operating Group LLC	s on the records of the Florida Department of	2022 D
Enter new principal office address, if applicable:	67 Hunt Street, Suite 206	EC -
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Agawam, MA 01001	- PE -
Enter new mailing address, if applicable:	67 Hunt Street, Suite 206	16
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Agawam, MA 01001	
3. Jurisdiction of its organization: Delaware	ability company is: M10000005687	
Date authorized to do business in Florida: SECTION II (5-9 complete only the applicable)	changes)	
6 AT 12 14 A 12 A 12 A 12 A 12 A 12 A 12 A 1	t contain "Limited Liability Company, " "L.L.C.," or "LI.C.	·")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach naging members adopting the alternate name. The alternate in C." or "LLC.")	a iame
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:		
New Registered Office Address:		
	Enter Florida Street Address	
	City Florida Zip Code	,
New Registered Agent's Signature, if changing Re	egistered 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 Changing Registered Agent, Signature of New Registered Agent

Page: 5 of 5

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
de/ Cupacity	Name	Address Ty	pe of Action
			🗀 Add
			□Remov
	· · · · · · · · · · · · · · · · · · ·		_ 🗆 🗘 dd
			Remov
			□Adđ
			ÜRemov
			□Add
			□Remov
			CJAdd
aforementioned an	icate, if required: no more than 9 tendment(s), duly authenticated by the law of which this entity is org	by the official having custody of records in the	□Remov

Filing Fee: \$25.00

Typed or printed name of signee