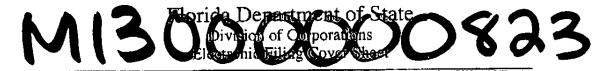
Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHEVALIER GLOBAL INVESTMENTS LLC

Certificate of Status Certified Copy

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FEB 20 2015 J. WARRIS

## 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 on the records of the Florida Department of	
State: CHEVALIER GLOBAL INVESTMENTS LLC	
2. The Florida document number of this limited liability company is: M13000000823	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 02/07/2013	
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 "L.L.C.,")	
(If name unavailable, enter alternate name adopted for the purpose of manageting business in Florida and attach a copy of the written consent of the managets or managing members adopting the olternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LL.C.")	
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:	
City Florida 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 Changing Registered Agent, Signofuse of New Registered Agent	
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  ALLAHASSEE FLORID  PM 12: 43	
2: <b>43</b> [RA]	******

itle/ Capacity Name	Address	Type of Action
MGR Suzanne Kaplan	12400 A South Shore Boul	evard Add
	Wellington, Florida 33414	D Remove
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•	nore than 90 days old, evidencing the centicated by the official having custod ntity is organized.  The of the authorized representative and LLC, Manager By Michael Reinhold	2015 FEB J 9 PM 12: 42  RESECRETARY OF STATE DIALLAHASSEE. FLORIO.

Filing Fee: \$25.00