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| PICK-UP | ☐ WAIT | MAIL | | |
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| Special Instructions to | Filing Officer: | | | |
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

| Date: 8-31-16 |
|---|
| ENTITY NAME: |
| FORWARD DEVELOPMENT LLC |
| |
| **PLEASE FILE THE ATTACHED AND RETURN:** |
| Plain Copy |
| Certified Copy |
| **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:** |
| Document Number: |
| Certified Copy of Arts & Amendments |
| Certificate of Good Standing |
| |
| **APOSTILLE'/NOTARIAL CERTIFICATION:** |
| COUNTRY OF DESTINATION |
| NUMBER OF CERTIFICATES REQUESTED |
| TOTAL AMOUNT OWED: 25 |
| CHECK NUMBER: 2825 |
| PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER. |
| Thank you! |
| Tina Goff, President |

COVER LETTER

| | Registration Section Division of Corporations | | | |
|-----------|---|---|-------------|--|
| SUBJE | CT: Forward Developmen | nt, LLC | | · |
| | Name of Foreign | | ity Compan | у |
| Dear Sir | r or Madam: | | | |
| The enc | losed application, certificate and fee(s) ar | e submitted fo | r filing. | |
| Please re | eturn all correspondence concerning this i | matter to the fo | ollowing: | |
| Eliza | abeth A. Chapman | | | |
| | Name of Person | | | |
| Park | er Poe Adams & Bernst | ein LLP | | |
| | Firm/Company | | | |
| 401 | S. Tryon St., Suite 3000 | | | |
| | Address | | | |
| Chai | rlotte, NC 28202 | | | |
| | City/State and Zip Code | | | |
| sara | h.workman@drivenbrand | ds.com | | |
| E-ma | il address: (to be used for future annual re | port notificati | on) | |
| | | •• | | , |
| | her information concerning this matter, pl | | 225 0 | 0.55 |
| FIIZE | | ٠, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, | 335-9 | |
| | Name of Person | Area Code à | & Daytime 1 | Telephone Number |
| | | | 26.17.72 | C + DDDDGG |
| | STREET/COURIER ADDRESS: Registration Section | | | G ADDRESS: on Section |
| | Division of Corporations | | _ | of Corporations |
| | Clifton Building | | P.O. Box | |
| | 2661 Executive Center Circle | | | ee, Florida 32314 |
| | Tallahassee, Florida 32301 | | | |
| Englose | ed is a check for the following amount: | | | |
| | Filing Fee \$30 Filing Fee & | 🗌 \$55 Filing | g Fee & | \$60 Filing Fee, |
| /~ | Certificate of Status | Certified | Сору | Certificate of Status & Certified Copy |

CR2E055 (9/15)

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 | ears on the records of the Florida Department of | | |
|--|--|---|--|
| State: Forward Development, LL | .C . | | |
| Enter new principal office address, if applicable | o: | - W. | 2011 |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) | | 100 mg | <u></u> |
| WOOL BEILD INDEXESS | | - <u>19</u> | —————————————————————————————————————— |
| Enter new mailing address, if applicable: | | FLOR | مِـ |
| (Mailing address MAY BE A POST OFFICE BOX) | | P P | 5 0 |
| 2. The Florida document number of this limited | | | |
| 3. Jurisdiction of its organization: North Ca 4. Date authorized to do business in Florida: 0 | 2/25/2013 | | . |
| SECTION II (5-9 complete only the applicable | | | |
| | | | |
| 5. New name of the limited liability company: (m | aust contain "Limited Liability Company, " "L.L. | C.," or "LI | ") |
| (If name unavailable, enter alternate name adopt | ted for the purpose of transacting business in Flor | rida and att | ach a |
| 6. If amending the registered agent and/or registered agent and/or the new registered office | ered officer address on our records, enter the name address here: | ne of the ne | Σ ₩ |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida Street Addres | . | |
| _ | , Florida, City | Zip Code | — |
| the provisions of all statutes relative to the propand accept the obligations of my position as reg | Registered Agent: gent and agree to act in this capacity. I further ag er and complete performance of my duties, and I istered agent as provided for in Chapter 605, F.S ge in the registered office address, I hereby confi | gree to com am familia 5. Or. if this | ar with |

| . If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | |
|--|--|-----------------------------------|--|--|
| Fitle/ Capacity | Name | Address | Type of Action | |
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| aforementioned an | ficate, if required: no more than 90 da nendment(s), duly authenticated by the the law of which this entity is organized Signature of the | e official having custody of reco | ASSESSION OF THE PROPERTY OF T | |
| | Noah Pollack, Exec. VP an | d Authorized Representativ | | |

Filing Fee: \$25.00



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF NAME CHANGE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that on the 28th day of December, 2012, articles duly executed by the proper officer to change the company name of the limited liability company named below, were filed in this office with an effective filing date of the 29th day of December 2012:

Name at time of submission of name change amendment:

FORWARD DEVELOPMENT, LLC

Name Change To

DRIVEN ACQUISITION, LLC

I FURTHER CERTIFY that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the limited liability company appearing in the "Grantor" index and the amended name of the limited liability company appearing in the "Grantee" index.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of August, 2016.

Secretary of State

Elaine I. Marshall

Certification# 99126876-1 Reference# 13325531- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification