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Florida Department of State

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To:

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

Fax Number : (561)694-1639

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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SANDOW VENTURES, LLC

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<u>S</u>Warren

FEB 13 2017

Electronic Filing Menu

Corporate Filing Menu

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: Sandow Ventures, LLC	ears on the records of the Florida Department of	
Enter new principal office address, if applicable		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		Series on an action of the series of the ser
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		O A II: 21 RY OF STATE SEE FLORIDA
2. The Florida document number of this limited	liability company is: M13000002934	
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "L.) 6. If amending the registered agent and/or regist registered agent and/or the new registered office	Sandow Agency and Services, nust contain "Limited Liability Company," "L.L. need for the purpose of transacting business in Flormanaging members adopting the alternate name. L.C." or "LLC.") tered officer address on our records, enter the name address here:	rida and attach a The alternate name
Name of New Registered Agent:		
New Registered Office Address:	Office Address: Enter Florida Street Address	
-	, Florida _	Zip Code
the provisions of all statutes relative to the prop and accept the obligations of my position as reg	Registered Agent; Igent and agree to act in this capacity. I further a per and complete performance of my duties, and i gistered agent as provided for in Chapter 605, F. Ige in the registered office address. I hereby confi	gree to comply with am familiar with S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
			bbA⊡	
			Remove	
				
			Remove	
			Add	
			Remove	
			Add	
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		N a	Add	
aforementioned amo	Signature of	the official having custody of records	RY OF S	
		/, Attorney-in-Fact	II: 21	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SANDOW VENTURES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SANDOW AGENCY AND SERVICES, LLC" ON THE NINTH DAY OF FEBRUARY, A.D. 2017, AT 4:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANDOW AGENCY AND SERVICES, LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2013.



Authentication: 202018131 Date: 02-10-17