## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CFI BRANCHWOOD LLC Certificate of Status Certified Copy Page Count Estimated Charge

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Electronic Filing Menu

Corporate Filing Menu

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12/10/2015 2:13:25 PM Erom: To: 8506176383( 2/4 )

|  | LIMITED LIABILITY COMPANY TO FICATE OF AUTHORITY TO TRANSAS  |                |
|--|--|----------------|
|  | NESS IN FLORIDA  | <b>1</b>       |
|  | HASS   |                |
| SECTION  | N I (1-4 must be completed) SEF 0  | i              |
| Name of limited liability Company as it appear     CFI BRANCHWOOD LLC     State:   | STAT<br>ORI  | _ (            |
| Enter new principal office address, if applicable:   | 4956 North 300 West, Suite 300   |                |
| ( <u>Principal office address</u><br><u>MUST BE A STREET ADDRESS</u> )   | Provo, Utah 84604  |                |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)  | 4956 North 300 West, Suite 300   |                |
|  | Provo, Utah 84604  | _              |
| The Florida document number of this limited lie     Jurisdiction of its organization: Delaware   | ability company is:  | <u> </u>       |
| 4. Date authorized to do business in Florida: 9/20   | 0/2013   |                |
| SECTION II (5-9 complete only the applicable of  | changes)   |                |
| 5. New name of the limited liability company: Pour (mus  | C Branchwood, LLC<br>st contain "Limited Liability Company," "L.L.C.," or "LLC   | <del></del> ") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C | d for the purpose of transacting business in Florida and attainaging members adopting the alternate name. The alternate C." or "LLC.") | ch a<br>name   |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad  | ed officer address on our records, enter the name of the nev   | Ā              |
| Name of New Registered Agent;  |  |                |
| New Registered Office Address:   | Enter Florida Street Address   |                |
|  | mine   |                |
|  | 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.

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| 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 |  |
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|   |  |                                      | Remove         |  |
| aforementioned amo  | cate, if required: no more than 90 dendment(s), duly apthenticated by the law of which this entity is organized by the law of which this entity is organized by the law of the l | ne official having custody of record | 2015 DEC 10 A  |  |



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CFI BRANCHWOOD LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "PC BRANCHWOOD, LLC" ON THE FOURTH DAY OF DECEMBER, A.D. 2015, AT 1:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE TENTH DAY OF DECEMBER, A.D. 2015.

Authentication: 10585102

Date: 12-10-15

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