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AUG 22 Help

From: Rich Valente

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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

Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BF, A STREET ADDRESS</u>)		
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liability company is: M14000000)481	ì
 Jurisdiction of its organization: <u>Ohio Dela Nove</u> Date authorized to do business in Florida: <u>1123/2014</u> 		•
		17
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: (must contain "Limited-Liability Compar	1y, " "L.L.C.," or	
(If name unavailable, enter alternate name adopted for the purpose of transacting busin copy of the written consent of the managers or managing members adopting the alterna must contain "Limited Liability Company," "L.L.C." or "LLC.")	tess in Florida and attach a ate name. The alternate name	
6. If amending the registered agent and/or registered officer address on our records, en registered agent and/or the new registered office address here:	ter the name of the new	
Name of New Registered Agent:	·····	
New Registered Office Address:	reet Address	
Enter Florida Str		

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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 ohligations 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 3

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From: Rich Valente

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Fax:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: Delaware

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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
<u></u> <u></u>			bbA
			Remove
<u> </u>			bb A
			Remove
			bbA[
			Remove
			Add
 Attached is a certi- aforementioned an 	ficate, if required: no more than 90 de	ays old, evidencing the	Remove
jurisdiction under	nendment(a) dill authenticated by the the law of which this entity is organiz Signahue of the	e authorized representative	
	Steven A. Calal	orese	
	Typed or printe	d name of signed	

• • •



To: 8506176383@rcfax.con Fax: (850) 617-6383

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BERNWOOD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BREN ASSESSED TO DATE.



Authentication: 203076823 Date: 08-17-17

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