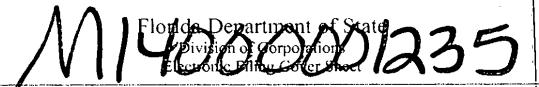
Division of Corporations



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(((H170002906373)))



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To:

Division of Corporations Fax Number : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

(512)418-6949 Phone Fax Number : (954)208-0845

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 ADVANTAGE OPCO, LLC

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NOV 06 2017

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Advantag	e Opco, LLC			
	Name of Foreign Li	mited Liability	y Compar	ıv
Dear Sir or Madam:				1
The enclosed application, cert	ificate and fee(s) are	submitted for	filing.	
Please return all corresponden	ce concerning this ma	atter to the fol	lowing:	
Scott Lieberman				
Name	of Person			į.
Advantage Opco,	LLC	٠.		
Firm/C	Company			1
2003 McCoy Roa	d			
Ac	ldress			
Orlando, FL 328	09			
City/S	tate and Zip Code			
scott.lieberman@	advantage.c	om:		
E-mail address: (to be used			n)	
For further information conce	rning this matter, plea	ise call:		
Scott Lieberman	at	.954	522-6	307
Name of Person		Area Code &	Daytime	Telephone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle		Registrat Division P.O. Box	sion Section of Corporations : 6327 sec, Florida 32314
Cer		S55 Filing Certified C		S60 Filing Fee, Certificate of Status & Certified Copy
CR2E0\$5 (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	on the records of a	he Florida Der	partment of	.]
State: Advantage Opco, LLC	·			
Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
				إحارا
	.,			
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)				19
MAI DE A FUST OFFICE BUX				د
· · · · · · · · · · · · · · · · · · ·			 	——— [5
2. The Florida document number of this limited liab	ility company is: _	V1400000	1235	
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 02/2	21/2014			
SECTION II (5-9 complete only the applicable of	•			•
5. New name of the limited liability company:		·		· •
(must c	contain "Limited L	•	any, " "L.L.C.	." or "l.LC ")
		•		
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C."	iging members ado	ransacting bus pting the alter	iness in Florid nate name. Th	a and attach a le alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on ress here:	our records, .g	nter the name	of the new
Name of New Registered Agent:	_	· · · ·		, ,
New Registered Office Address:	:	· · · · · · · · · · · · · · · · · · ·		
		nter Florida S	treet Address	
			, Florida	
•••	City			lip Code .
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent the provisions of all statutes relative to the proper as and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in and complete perforted agent as provide the registered offi-	mance of my a ed for in Char	lutics, and I at ner 603. E.S. (n familiar with .
16Ch.	nnina Danisana d			
II Cha	inging Registered / 3	vgent, <u>Signatu</u>	re of New Res	nstered Agent
			,	1

. If the amendi	nent changes person, title or capacity	y in accordance with 605.0902 (1)(e), indicate that change:
itle/ Capacity	<u>Name</u>	Address Type of Acti
MBR .	Mehrdad Memarpouri	2003 McCoy Road □Add
		Orlando, FL 32809
	· · · · · · · · · · · · · · · · · · ·	Remo
		Z Adu
: . '		
		Remove
forementione	ertificate, if required: no more than of a mendment(s), duly authenticated der the law of which this entity is or	by the official having engrody of records to the
	_	of the authorized representative
	Scott Liebern	nan