

M140000041861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100310503041

FILED
DEPARTMENT OF STATE
2018 APR - 18 PM 2:20
TALLAHASSEE, FLORIDA

Handwritten mark

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 4/2/18

Acc#I20160000072



| | |
|-------------|------------------------|
| Name: | 48Forty Solutions, LLC |
| Document #: | |
| Order #: | 70783512 |

| | | | | |
|-----------------------------------|--------------------------|-------------------------|--|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | | |
| Plain Copy: | <input type="checkbox"/> | | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | | |
| | | Number of Certs: | | |

FILED
2018 APR - 2 A 9:53
TALLAHASSEE, FL

| | |
|---------|---|
| Filing: | <input checked="" type="radio"/> Certified: |
| | <input type="radio"/> Plain: |
| | <input type="radio"/> COGS: |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 55

Thank you!

**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 State: CHEP Recycled Pallet Solutions, LLC
2. The Florida document number of this limited liability company is: M14000004861
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 07/09/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: 48forty Solutions, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

FILED
 2014 SEP -2 A 9:51
 TALLAHASSEE, FL

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.

 If Changing Registered Agent, Signature of New Registered Agent

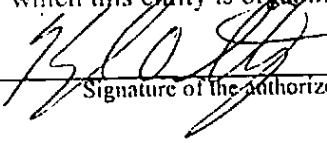
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

FILED
 2010 APR - 2
 9:00
 WILMINGTON, DE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the Authorized representative

Kyle Otting

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

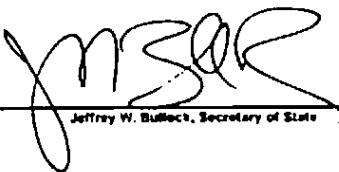
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHEP RECYCLED PALLET SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "48FORTY SOLUTIONS, LLC" ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2018, AT 7:30 O'CLOCK P.M.

FILED
2018 APR -2 A 9:53
DELAWARE SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

2992537 8320
SR# 20182347354

Authentication: 202430450
Date: 04-02-18

You may verify this certificate online at corp.delaware.gov/authver.shtml