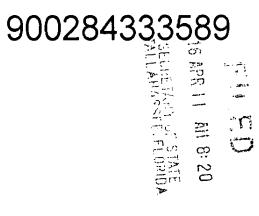
M1400000 6179

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only







NR 12 2016 J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE: 097474 4321040

AUTHORIZATION : Soull Range

COST LIMIT : \$\frac{5}{25.00}

ORDER DATE: April 11, 2016

ORDER TIME : 12:19 PM

ORDER NO. : 097474-005

CUSTOMER NO: 4321040

FOREIGN FILINGS

NAME: SKL INVESTMENT GROUP, LLC

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section

Divisi	on of Corporations			
SUBJECT:	SKL Investment Group LLC			
SODSECT.	Name of Foreign Limited Liability Company			ny
Dear Sir or M	adam:			
The enclosed	application, certificate and fee(s) are	submitted fo	r filing.	
Please return	all correspondence concerning this n	natter to the fo	ollowing:	
Carlen C. S	ellers			
	Name of Person			
Schiff Hard	in LLP			
	Firm/Company			
233 S. Wad	ker Dr., Ste. 6600			
	Address			
Chicago, IL	60606			
	City/State and Zip Code			
dstetter@sch	iffhardin.com			
E-mail add	ress: (to be used for future annual re	port notificati	on)	
For further in	formation concerning this matter, pl	ease call:		
Carlen C. S	Sellers	312	258-4	526
	Name of Person	Area Code	& Daytime	Telephone Number
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, Florida 32314
Enclosed is a \$25 Filing CR2E055 (9/15)	Certificate of Status	\$55 Filir Certified		\$60 Filing Fee, Certificate of Status & Certified Copy

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 Comp	pany as it appear.	s on the records of the Florida Department of	
State: SKL Investment C	Froup, LLC		
Enter new principal office address	; if applicable:	N/A	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	S)		
Enter new mailing address, if appl	icable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX	ent number of this limited liability company is: M1400006179		
<u> </u>	,		
2. The Florida document number of	of this limited lia	ability company is: M1400006179	
3. Jurisdiction of its organization:	Delaware		81. 81. 81.
4. Date authorized to do business	in Florida:8/	29/2014	<u> </u>
5. New name of the limited liabili	ty company: (mus	N/A at contain "Limited Liability Company, " "L.L.C.	," or "LLC.")
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability Co	managers or may	f for the purpose of transacting business in Floric naging members adopting the alternate name. The C." or "LLC.")	la and attach a le alternate name
6. If amending the registered agent registered agent and/or the new re	t and/or registere	ed officer address on our records, <u>enter the name</u> ddress here:	of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida Street Address	
		, Florida	
		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.

	ment changes person, title or capacity i is now Manager-Managed.	in accordance with 605.0902 (1)(e), indicate that	t change:
Fitle/ Capacity	<u>Name</u>	Address	Type of Action
Dir/Mgr	Elizabeth L. Celio	121 S. 17th Street, Mattoon, IL 61938	B Add
			Remove
Dir/Mgr	Susan K. Dewyngaert	121 S. 17th Street, Mattoon, IL 61930	8 Add
			Remove
Dir/Mgr	Christina S, Duncan	121 S. 17th Street, Mattoon, IL 6198	3 ■Add
		Margaret L. Keon	Remove
CEO/Mgr	Steven L. Grissom	121 S. 17th Street, Mattoon IL 61983	Add
		Richard A. Lumpkin	Remove
			Add
		Mary Lee Sparks	Remove
aforementio:	under the law of which this entity is o	d by the official having custody of records in the organized. Listen to the authorized representative	T6 APA
	Typed or	printed name of signee	
	Fil	ling Fee: \$25.00 4	AH 8: 20 OF STATE F. FT ORID,