

JUL 2 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 827986 5017647  
AUTHORIZATION : *Lydia Cohen*  
COST LIMIT : \$ 25.00

ORDER DATE : July 1, 2019  
ORDER TIME : 3:19 PM  
ORDER NO. : 827986-005  
CUSTOMER NO: 5017647

FOREIGN FILINGS

NAME: DESCO, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT#

EXAMINER: \_\_\_\_\_

**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: dESCO, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M14000008912

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 12, 2014

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

5. New name of the limited liability company: \_\_\_\_\_  
(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 officer 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

**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.*

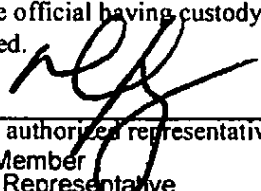
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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>                   |
|------------------------|----------------|---|---|
| CEO                    | Dan Geraty     | 222 S. Central Ave., Suite 700<br>Clayton, MO 63105 | <input checked="" type="checkbox"/> Add |
|                        |                |   | <input type="checkbox"/> Remove         |
| President              | Connie Certusi | 222 S. Central Ave., Suite 700<br>Clayton, MO 63105 | <input checked="" 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         |

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  
FieldEdge Purchaser, LLC, as Member  
By: Dan Geraty, as Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**