5/28/2021



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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.

SCURLIANT OF STATE FALLAHASSEE FLORIDA

ZOZI HAY 28 PM 1:5

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JELLYFISH HEALTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

JUN 0 1 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383

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)

State: Jellyfish Health, LLC	0 1 0 1		-		
Enter new principal office address, if applicable:	4404 Bayou Oaks Drive		_		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Panama City, FL 32404				
Enter new mailing address, if applicable:	4404 Bayou Oaks Drive				
(Mailing address MAY BE A POST OFFICE BON)	Panama City, FL 32404				
2. The Florida document number of this limited li	ability company is: M15000001125		SCORLIAE	2021 KAY 28	
3. Jurisdiction of its organization: Delaware				8 PH	;
4. Date authorized to do business in Florida: Sep	rember 10, 2014		8	<i>1</i> 55 ⊒:	
SECTION II (5-9 complete only the applicable	changes)		TATE OPIDA	35 35	
5. New name of the limited liability company: $\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{$	Man-O-War Holdings, LLC st contain "Limited Liability Comp	any, " "L.L.C" or "Ll	IC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register	red officer address on our records.	nate name. The diversal		:	
registered agent and/or the new registered office:	address here:				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida :	treet Address			
		_, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ag the provisions of all statutes relative to the proper and accept the obligations of my position as registerent is being filed to merely reflect a chang liability company has been notified in writing of	ent and agree to act in this capacity or and complete performance of my extered agent as provided for in Cha we in the registered office address, I	nter 605, F.S. Or, if thi	is		

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment of	hanges person, title or capacity in ac	cordance with 605,0902 (1)(e), indicate that ch	ange:
Title/ Capacity	<u>Name</u>	Address Ty	pe of Action
			□Add
			□Remove
			_ []Add
			2021 KAY 28 PK 2: 35 SECOND TALLENHASSED FLORIDA
			□Add
			[]Remove
			□Add
athrementioned a	the law of which this entity is orga	the official naving custody of records in the	TRemove



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "JELLYFISH HEALTH, LLC", CHANGING ITS NAME FROM "JELLYFISH HEALTH, LLC" TO "MAN-O-WAR HOLDINGS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF MAY, A.D. 2021, AT 8:25 O'CLOCK A.M.



Authentication: 203277688

Date: 05-24-21

5597285 8100 SR# 20211952430

From: Ranae McGraw

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:25 AM 05:21/2021
HILED 08:25 AM 05:21/2021
SR 20211952430 - Elle Number 5597285

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

gs, LLC			Ã,
			1 – ;:
			AHA
			AKY SSE
			F.S
e undersigned ha	ve executed	this Certificate	
		_, A.D. <u>2021</u>	Þ
	he undersigned ha		he undersigned have executed this Certificate of May, A.D. 2021

Print or Type