MISCOUDISTS

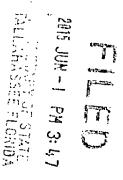
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SBBICE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MLG Management L						
Name of Foreign	Limited Liabil	ity Compa	any			
Dear Sir or Madam:						
The enclosed application, certificate and fee(s) and	re submitted fo	r filing.				
Please return all correspondence concerning this	matter to the fo	ollowing:				
Nancy Pfeifer						
Name of Person						
MLG						
Firm/Company						
13400 Bishops Lane Suite 2	70			7 70 60	2915 JUN -	•==
Address				主 辑	MUL	- FORE
Brookfield, WI 53005				SSEE		
City/State and Zip Code				EFLO	PH သ	in ven
npfeifer@mlgcompanies.com E-mail address: (to be used for future annual r		on)		STATE	3: 47	(Geograph
E man address. (to be about for ratary annual).	oport nonnean	···,				
For further information concerning this matter, p						
Nancy Pfeifer	at (262	797-	9400			
Name of Person		& Daytim	e Telephone Nun	nber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 323	i		
Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Certified C		\$60 Filing Fe Certificate of Certified Cop	Status &	&	

CR2E055 (12/14)

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: MLG Management USA LLC
2. The Florida document number of this limited liability company is: M15000001573
3. Jurisdiction of its organization: Wisconsin
4. Date authorized to do business in Florida: February 20, 2015
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.")
A CONTRACT OF THE PROPERTY OF
(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:

<u>Γitle/ Capacity</u>	<u>Name</u>	Address	Type of Action
Member	William Paul Witter	1130 Cleveland St. Suite,	386 ■ Add
		Clearmater, FL 38755	□ Remove
			□ Add
			□ Remove
		 	□ Add
			□ Remove
			Add 2115
			DRemove - I PM
			□ Add Signal Add Sign

By 2 Angue C, Jaske
Signature of the authorized representative

Andrew C. Teske, Vice President

Typed or printed name of signee

Filing Fee: \$25.00