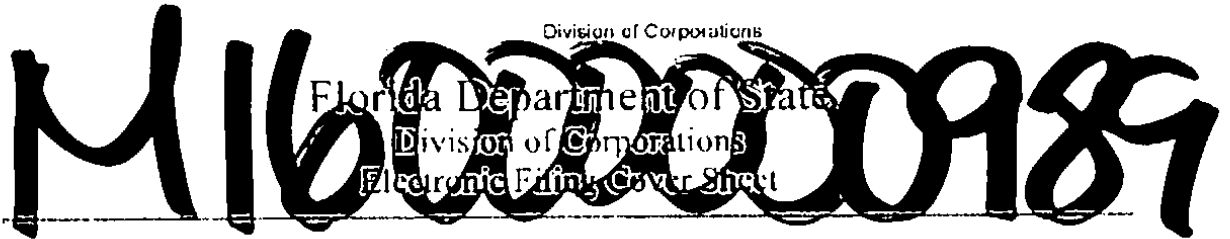


6/25/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (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.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 OLDCASTLE SUREPODS, LLC

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

19 JUN 25 PM 11:31

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JUN 26 2019

# 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: OLDCASTLE SUREPODS, LLC

Enter new principal office address, if applicable: c/o WND Ventures, LLC

(Principal office address MUST BE A STREET ADDRESS) 1450 Veterans Blvd

Redwood City, CA 94063

Enter new mailing address, if applicable: c/o WND Ventures, LLC

(Mailing address MAY BE A POST OFFICE BOX) 1450 Veterans Blvd

Redwood City, CA 94063

2. The Florida document number of this limited liability company is: M1600000959

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/05/2016

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

5. New name of the limited liability company: SurePods, 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.")

2019 JUN 25 11:04:31  
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AND  
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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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address  
Plantation, Florida 33324  
City, Florida 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:

\_\_\_\_\_

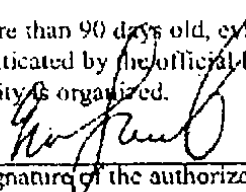
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

SEE ATTACHED LISTING

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

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 MISSOURI STATE SECRETARY OF STATE

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

Eric Lamb

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

Filing Fee: \$25.00

**Oldcastle Surepods, LLC**

**Application by Foreign Limited Liability Company  
to File Amendment to Certificate of Authority to Transact Business in Florida**

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Eric Lamb	c/o WND Ventures, LLC 1450 Veterans Blvd Redwood City, CA 94063	Add
Manager	Bill Seery	900 Ashwood Pkwy, Suite 600 Atlanta, GA 30338	Remove
Manager	Daniel M. Nyce	900 Ashwood Pkwy, Suite 600 Atlanta, GA 30338	Remove
Manager	Gary P. Hickman	900 Ashwood Pkwy, Suite 600 Atlanta, GA 30338	Remove
Manager	John D'Aimco	900 Ashwood Pkwy, Suite 600 Atlanta, GA 30338	Remove
Manager	William B. Miller	900 Ashwood Pkwy, Suite 600 Atlanta, GA 30338	Remove
Manager	Keith Haas	900 Ashwood Pkwy, Suite 600 Atlanta, GA 30338	Remove

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'OLDCASTLE SUREPODS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'SUREPODS, LLC' ON THE TWENTIETH DAY OF JUNE, A.D. 2019, AT 8:41 O'CLOCK P.M.

APPROVED  
AND  
FILED  
2019 JUN 25 PM 4:31



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

5922739 8320  
SR# 20195618389

Authentication: 203086540  
Date: 06-24-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)