

M16 000001189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

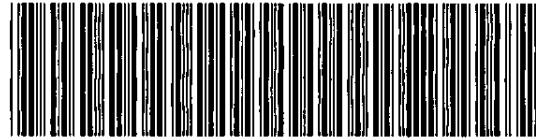
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284989924

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 25 PM 2:54

RECEIVED
DEPARTMENT OF STATE
DIVISION OF RECORDS
16 APR 25 AM 11:02
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APR 26 2016

S. YOUNG

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

ACCOUNT NO. : I20000000195
REFERENCE : 081105 7933330
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : March 29, 2016
ORDER TIME : 8:46 AM
ORDER NO. : 081105-010
CUSTOMER NO: 7933330

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 25 PM 2:54

FOREIGN FILINGS

NAME: PRIVATEFLY 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: Courtney Williams -- EXT# 62935

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: PRIVATEFLY LLC

Enter new principal office address, if applicable: 1100 LEE WAGENER BOULEVARD

(Principal office address
MUST BE A STREET ADDRESS)

SUITE 326

FORT LAUDERDALE, FL 33315

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

1100 LEE WAGENER BOULEVARD

SUITE 326

FORT LAUDERDALE, FL 33315

2. The Florida document number of this limited liability company is: M16000001189

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 02/11/2016

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: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAYS STREET

Enter Florida Street Address

TALLAHASSEE

Florida 32301

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.



Courtney Williams
Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 25 PM 2:54

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 25 PM 2:54

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

ADAM TWIDELL

Typed or printed name of signee

Filing Fee: \$25.00