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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Rmail | Address: | _ |
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| PWWTT | WOOT GDS: | _ |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KROLL, LLC

Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

APR 21 2021

M. SOLOMON

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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 t | he records of the Florida Depa | irtment of |
|---|--|---|
| | | |
| 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) | | 2021 APR |
| 2. The Florida document number of this limited liability | | 20 |
| 3. Jurisdiction of its organization: Delaware | <u>.</u> | AH 10: 2 |
| Jurisdiction of its organization. Date authorized to do business in Florida: 04/18/20 | 16 | |
| | | |
| SECTION II (5-9 complete only the applicable char | iges) Valdoa 110 | |
| 5. New name of the limited liability company: Kroll I | ntain "Limited Liability Comp | any, ""L.L.C.," or "LLC.") |
| | | |
| (If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managimust contain "Limited Liability Company," "L.L.C." | | iness in Fiorida and attach a mate name. The alternate name |
| 6. If amending the registered agent and/or registered o registered agent and/or the new registered office addre | on nois. | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida | Street Address |
| | | _, Florids Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in I liability company has been notified in writing of this contents. | il complete performance of my d agent as provided for in Cha he registered office address, I | enter 605 F.S. Or if this |

| f the amendment cl | nanges person, title or capacity in | accordance with 605.0902 (1)(e), indicate that cha- | |
|--------------------|-------------------------------------|---|-------------|
| c/ Capacity | Name | Address Typ | e of Action |
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| | | 20 days old evidencing the | _ |
| aforementioned a | the law of which this entity is of | rganized. | |
| | Signature | of the authorized representative | |

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KROLL, LLC", FILED A

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "KROLL HOLDCO,

LLC" ON THE NINTH DAY OF MARCH, A.D. 2021, AT 5:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KROLL HOLDCO, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2000.



Authentication: 202699477

Date: 03-10-21