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(((H19000061305 3)))



H190000613053ABCZ

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To:			2819 1811
	Division of C	orporations	<u> </u>
	Fax Number	: (850)617-6383	AHA BEB
From:			26
	Account Name	: M. BURR KEIM COMPANY	- × -
	Account Numbe	r : I19990000242	
	Phone	: (215)563-8113	71 .
	Fax Number	: (215)977-9386	1.0sq = 0
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Email Address:\_\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEATHERVANE CAPITAL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

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02/26/2019 12:05 PM

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February 25, 2019

#### FLORIDA DEPARTMENT OF STATE

WEATHERVANE CAPITAL PARTNERS, LLC 1055 WESTLAKES DRIVE 3RD FLOOR BERWYN, PA 19312US

SUBJECT: WEATHERVANE CAPITAL PARTNERS, LLC

REF: M16000006239

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certificate submitted is not acceptable. It appears this company converted to Delaware. We will need a certified copy of the conversion to Delaware, from Delaware.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H19000061305 Letter Number: 419A00003967

## 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	s on the records of the Florida Department of	
State: Weathervane Capital Partne	ers, LLC	
Enter new principal office address, if applicable	31 Ocean Reef Drive	
(Principal office address	Sulte C101-165	
MUST BE A STREET ADDRESS	Key Largo, FL 33037	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE BOX)	31 Ocean Reef Drive Suite C101-165	
MAT BE AT UST WIFFICE BUSY	Key Largo, FL 33037	<del></del>
2 The Florida document number of this limited lia	ability company is: M16000006239	2019
3. Jurisdiction of its organization: PA		<del>- <u>2</u></del>
4 Date authorized to do business in Florida Aug	gust 4, 2016	2
SECTION II (5-9 complete only the applicable of	changes)	1016
5. New name of the limited liability company. We (must	Veathervane Capital Partners GP,	LLC
(must	t contain "Limited Liability Company," "L.L.C	,," or "LEC.").
(If name unavailable, onter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate name. T	ida and attach a he alternate name
6 If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, <u>enter the nam</u> dd <u>ress here:</u>	e of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address: 31 Ocean F	Reef Drive, Suite C101-165  Enter Florida Street Address	
Ke	ey Largo , Morida 3	
	City	Zip Code
New Registered Agent's Signature, if changing Registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of the	nt and agree to act in this capacity. I further ag and complete performance of my duties, and I ered agent as provided for in Chapter 603, F.S in the registered office address, I hereby confir	am familiar with Or, if this
If CF	hanging Registered Agent, <u>Signature of New R</u>	egistered Agent

Fax: (850) 617-6383 (((H190000613053)))

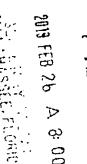
8. If the amend	ment changes person, title or capacity in a	accordance with 605,0902 (1)(e), indicat	e that change;
Fide/ Capacity	Name	Address	Type of Action
MGRM	Thomas D. Paulus	6 Exuma Road	Add
		Key Largo, FL 3	3037 Remove
AMBR	Thomas D. Paulus	31 Ocean Reef Drive, Suite C	101-165 Add
		Key Largo, FL 3	3037 <sub>□ Remove</sub>
			ZA FEB 2
····			Remove
· - —-			Add
a foremention	e certificate, if required no more than 90 and amendment(s), duly authenticated by ander the law of which this entity is organized of Signature of	the official having custody of records i	Remove
	Thomas D. Pa	ulus	

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A PENNSYLVANIA
LIMITED LIABILITY COMPANY UNDER THE NAME OF "WEATHERVANE CAPITAL
PARTNERS, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN
THIS OFFICE ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018, AT
12:49 O'CLOCK P.M.



7166439 8100V SR# 20191400861

Authentication: 202325993

Date: 02-26-19

To:

Dirtsion of Corporations
Delivered 12:49 PM 11/27/2018
FILED 12:45 PM 11/27/2018
SR 20187817879 - File Number 7166439

Secretary of State

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.)	The jurisdiction where the Non-Delaware Limited Liability Company first formed is Pennsylvania	t _•
2.)	The jurisdiction immediately prior to filing this Certificate is Pennsylva	
3.)	The date the Non-Delaware Limited Liability Company first formed is 04/22/2008	2019 FEB
4)	The name of the Non-Delaware Limited Liability Company immediately	2 <sub>f</sub>
4.)	filing this Certificate is Weathervane Capital Partners, LLC	orior <sub>j</sub> u C
5.)	The name of the Limited Liability Company as set forth in the Certificate Pormation is Weathervane Capital Partners GP, LLC	_
IN	WITNESS WHEREOF, the undersigned have executed this Certificate on 21st day of November, A.D. 2018	the
	By: Authorized Person	<u></u> -
	Name: Thomas D. Paulus Print or Type	
	rimottype	



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 FORMATION OF "WEATHERVANE CAPITAL PARTNERS GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018, AT 12:49 O'CLOCK P.M.

2010 FEB 2-6 A 8: 00



7166439 8100 SR# 20191400861

You may verify this certificate online at corp.delaware gov/authver.shtml

Authentication: 202325994

Date: 02-26-19

02/26/2019 12:05 PM

Fax: 12159779386

State of Delaware

Division of Corporations Delivered 12:49 PM 11/27/2018 FILED 12:49 PM 11/27/2018 SR 20187817879 - File Number 7166439

Secretary of State

### STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

- 1. FIRST: The name of the limited liability company is Weathervane Capital Partners GP, LLC.
- 2. SECOND: The address of its registered office in the State of Delaware is 203 NE Front Street, Suite 101, Milford, Kent County, DE 19963. The name of its registered agent at such address is Registered Office Service Company.
- 3. THIRD: The name and address of the Authorized Person is Thomas D. Paulus, 31 Ocean Reef Drive, Suite C101-165, Key Largo, FL 33037.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Hormation on the 21 day of November, 2018.

Authorized Person

Name: Thomas D. Paulus