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(((H170002275753)))



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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)694-4107 Fax Number : (561)694-1639

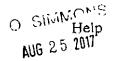
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2112 SW GATLIN BOULEVARD, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (I-4 must be completed)

Name of limited liability Company as it appears of the second secon	on the records of the Florida Department o	or : 9 4 7
State: 2112 SW Gatlin Boulevard, L	LC	TSTQ PLE
Enter new principal office address, if applicable:		32h
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		17 AUG 24 AH 8: 58
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST: OFFICE BOX)		
2. The Florida document number of this limited liabi	ility company is: M1600007331	· · · · · · · · · · · · · · · · · · ·
3 brisdiction of its organization. Delaware		
4. Date authorized to do business in Florida: Sept	tember 15, 2016	
SECTION II (5-9 complete only the applicable ch		,
5. New name of the limited liability company:	centain "Limited Liability Company," "L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	iging members adopting the alternate name	lorida and attach • a. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enter the r	igme of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida Street Add	
<del></del>	City	Zip Code
New Registered Agent's Signature, If changing Registered agent I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper as and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in this capacity. I further nd complete performance of my dutles, an red agent as provided for in Chapter 605, n the registered office address, I hereby co	d I am familiar with F.S. Or, if this

Title/ Capacity	Name	Address	Type of Action
Manager	John C. Hettinger	199 Wast Road, Suite 101, Pleakard Valley, NY 1	12569 MAđd
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aforemention	a certificate, if required: no more than 9 and amendment(s), duly authenticated builder the law of which the entity is org	y the official having custody of records in the	<i>:</i>
	S Cooper o	Abs withorized representative	
	Doxia Dargaty, Authorize		:

20.5