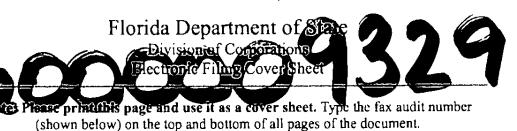
Division of Corporations



(((H20000330709 3)))



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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PONDURANCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

SE? 23 32

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT. BUSINESS IN FLORIDA 3

SECTION I (1-4 must be completed)

State: Pondurance LLC				_
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			<u> </u>	, 202
Enter new mailing address, if applicable. (Mailing address MAY BE A POST OFFICE BOX)			ore ore ore	2020 SEP 22 AH
2. The Florida document number of this fimited li	ability company is: M16	(кикк)9329		9: 0 7
Jurisdiction of its organization: Indiana				
4 Date authorized to do business in Florida: 11/2	21/2016			
SECTION II (5-9 complete only the applicable	changes)			
5. New name of the limited liability company: (mus	RLD GROUP LLC			
RLD GROUP of Indiana LLC	st contain "Limited Liabi	lity Company, " "L.L	C.," or "LL0	C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.U.	d for the purpose of trans maging members adoptin C." or "L.L.C.")	acting business in Flog the alternate name.	orida and attac The alternate	ch a e name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our address here:	records, enter the na	ine of the nev	<u>×</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter	Florida Street Addre	ens	_
	, Florida			
- -	Сиу		Zip Code	_
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change	mt and agree to act in thi cand complete performa- tered agent as provided j	ice of my duties, and or in Chapter 605, F	'Lam familiar IS. Or, if this	with

liability company has been notified in writing of this change.

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
e/ Capacity	Name	Address I	ype of Action			
			□Add			
			□Renk			
			□Add			
			200 SEP 200 dd			
		SEE FU	23 AH 9:07			
			□Add			
			□Remo			
			□Add			
aforementioned ame	e law of which this entity is organic	he official having custody of records in the	□Renk			

Filing Fee: \$25.00

State of Indiana Office of the Secretary of State

Certificate of Fact

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indianal do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

filed Articles of Amendment on September 11, 2020, changing their name from Pondurance LLC to RLD Group ELC.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 21, 2020



CONNIE LAWSON SECRETARY OF STATE

2008102800708 / 20201632530

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on October 21, 2020.