

2017-06-26 14:27:16 CST
215202353 From: Kimberly Landrey
Division of Corporations
m16000009358

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KIG GP, LLC

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

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TALLAHASSEE, FLORIDA

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S. WARREN

JUN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIG GP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifford Esher

Name of Person

Foley Hoag LLP

Firm/Company

155 Seaport Blvd

Address

Boston, MA 02210

City/State and Zip Code

matias@kigip.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Esher

Name of Person

at (617) 832-1767

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$10 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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: KIG GP, LLC

Enter new principal office address, if applicable: 260 Crandon Blvd Ste 32 PMB 63

(Principal office address
MUST BE A STREET ADDRESS)

Key Biscayne, FL 33149

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

260 Crandon Blvd Ste 32 PMB 63

Key Biscayne, FL 33149

2. The Florida document number of this limited liability company is: M16000009358

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: November 21, 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:

New Registered Office Address: 260 Crandon Blvd Ste 32 PMB 63

Enter Florida Street Address

Key Biscayne

City

Florida 33149

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 603, 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.

If Changing Registered Agent, Signature of New Registered Agent

17 JUN 26 PM 12:08

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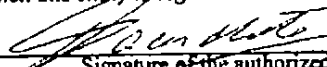
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Address of the manager has changed as follows:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Matias Sacerdote</u>	<u>175 SW 7th Street, Suite 1210</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33130</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Matias Sacerdote</u>	<u>260 Crandon Blvd Ste 32 PMB 63</u>	<input checked="" type="checkbox"/> Add
		<u>Key Biscayne, FL 33149</u>	<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

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

Matias Sacerdote

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT



Division of Corporations,
State Records and
Uniform Commercial Code

New York State
Department of State
DIVISION OF CORPORATIONS
One Commerce Plaza
99 Washington Ave
Albany, NY 12231-0001
www.dos.ny.gov

Credit Card/Debit Card Authorization

Attach this form to your document, certificate or other written request.

The Name of the Corporation or Business Entity to Which This Request Applies is:

RASSIANN DESIGNS LLC

Check Box for Requested Service: Fill in Fee or Amount:

☒ FILING OF DOCUMENT OR CERTIFICATE (Consult appropriate fee schedule for fee) \$ 30.00

Check the appropriate box: Routine Processing: ☒ No additional fee

Expedited Processing: ☐ 24-Hour Additional \$25 fee ☐ Same Day Additional \$75 fee ☐ 2-Hour Additional \$150 fee \$

☐ CERTIFIED COPY (The fee for each certified copy is \$10) \$

Check the appropriate box: Routine Processing: ☐ No additional fee

Expedited Processing: ☐ 24-Hour Additional \$25 fee ☐ Same Day Additional \$75 fee ☐ 2-Hour Additional \$150 fee \$

☐ PLAIN COPY (The fee for each plain copy is \$5) \$

Check the appropriate box: Routine Processing: ☐ No additional fee

Expedited Processing: ☐ 24-Hour Additional \$25 fee ☐ Same Day Additional \$75 fee ☐ 2-Hour Additional \$150 fee \$

☐ CERTIFICATE OF STATUS (Certificates of Good Standing, etc. The fee for each certificate is \$25.) \$

Check the appropriate box: Routine Processing: ☐ No additional fee

Expedited Processing: ☐ 24-Hour Additional \$25 fee ☐ Same Day Additional \$75 fee ☐ 2-Hour Additional \$150 fee \$

☐ SERVICE OF PROCESS (Must be served in person at the above address) \$

☐ BIENNIAL / FIVE YEAR STATEMENT \$

☐ OTHER \$

☐ DEPOSIT TO DRAWDOWN. \$

Account Name Account Number \$

TOTAL (Total Amount Due) \$ 30.00

Same Day expedited service requests must be received by 12 noon on regular business days.

2-hour expedited service requests must be received by 2:30 p.m. on regular business days.

Expedited processing fees are charged even if a document, certificate or other request is rejected as deficient.

Credit/Debit Card Information: ☐ MasterCard ☒ Visa ☐ American Express

TYPE OR PRINT CLEARLY

Card Number: 4834-8208-0699-0359 Expiration Date (Month/Year): 08/2020

Name as it Appears on Card: Riley Park

Cardholder's Billing Address: 30 N. Gould

City: Sheridan State: WY Zip Code: 82801

Fax Number

Cardholder's Signature: Riley Park Date: 06/26/2017

If the name on the card is in the name of a corporation or other business entity, please print the signer's name.



**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
**DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE**
One Commerce Plaza
99 Washington Ave
Albany, NY 12231-0001
www.dos.ny.gov

CERTIFICATE OF CHANGE OF

RASSIANN DESIGNS LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211-A of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

RASSIANN DESIGNS LLC

If the name of the limited liability company has been changed, the name under which it was organized is: _____

SECOND: The date of filing of the articles of organization is: MARCH 24, 2015

THIRD: The change(s) effected hereby are: *(check appropriate statement(s))*

1. ☒ The county location, within this state, in which the office of the limited liability company is located, is changed to: Albany
2. ☒ The address to which the Secretary of State shall forward copies of process accepted on behalf of the limited liability company is changed to read in its entirety as follows:
Northwest Registered Agent LLC, 90 State St, Ste 700 Office 40, Albany, NY 12207
3. ☒ The limited liability company hereby: *(check one)*
 - ☒ Designates Northwest Registered Agent LLC as its registered agent upon whom process against the limited liability company may be served. The street address of the registered agent is:
90 State Street, Ste 700 Office 40, Albany, NY 12207
 - ☐ Changes the designation of its registered agent to: _____
The street address of the registered agent is: _____
 - ☐ Changes the address of its registered agent to: _____
 - ☐ Revokes the authority of its registered agent.

X Morgan Noble
(Signature)

Morgan Noble
(Type or print name)

Capacity of Signer (Check appropriate box):

☐ Member

☐ Manager

☒ Authorized Person

CERTIFICATE OF CHANGE OF

RASSIANN DESIGNS LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211-A of the Limited Liability Company Law

Filer's Name and Mailing Address:

Filings Team

Name

Northwest Registered Agent LLC

Company, if Applicable

906 W. 2nd Ave, Suite 100

Mailing Address

Spokane, WA 99201

City, State and Zip Code

NOTES:

1. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
2. This form was prepared by the New York State Department of State for filing a certificate of change by a domestic limited liability company. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$30 filing fee made payable to the Department of State.

(For office use only)