Page 2 of 4

Division of Corporations

19542080845 From: Ranae McGraw

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

(1) **Enter the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GS SATORI, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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Electronic Filing Menu Corporate Filing Menu Help

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 appear | s on the records of the Florida I | Department of |
|--|---|--|
| State: OS Satori, LLC | | |
| Enter new principal office address, if applicable: | 18 Broad Street, Suite 300 | |
| (Principal office address MUST BE A STREET ADDRESS) | Charleston, SC 29401 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 18 Broad Street, Suite 300 Charleston, SC 29401 | SEC. |
| | · · · · · · · · · · · · · · · · · · · | 発出 CT 7 |
| 2. The Florida document number of this limited lie | ability company is: M17000007 | 741 567 6 |
| 3. Jurisdiction of its organization: Delaware | | 105 % |
| 4. Date authorized to do business in Florida: 09/1 | | 10A |
| SECTION II (5-9 complete only the applicable | changes) | |
| 5 New name of the limited liability company: (mus | | |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma most contain "Limited Liability Company," "L.L.C. | naging members adopting the a | business in Florida and attach a Iternate name. The alternate name |
| 6. It amonding the registered agent and/or registered agent and/or the new registered office a | <u>ddress here:</u> | s, enter the name of the new |
| Name of New Registered Agent: CT Corporation | System | |
| New Registered Office Address: 1200 South Pine | | |
| 61 | | la Street Address |
| 173 | ntation <i>Cit</i> v | Florida 33324 Zip Code |
| New Registered Agent's Signature, if changing Re 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 regist document is being filed to merely reflect a change liability company has been notified in writing of the liability company has been notified in writing the liability company ha | rgistered Agent: nt and agree to act in this capa rand complete performance of i tered agent as provided for in C in the registered office address his change. Ass | city. I further agree to comply with my duties, and I am familiar with Thapter 605, F.S. Or, if this |

| Adding A. Joshua Carper and GS Satori Holding, LLC as authorized persons. Removing Kevin Satter as authorized person. | | | | | |
|---|---|---|-----------------|--|--|
| Title/ Capacity | u person. <u>Name</u> | Address | Type of Action | | |
| fice President authorized Person | A. Joshua Carpor | 18 Broad Street, Suite 300, Charlesto | | | |
| | | | | | |
| | | | Remove | | |
| Member | GS Satori Holding, LLC | 18 Broad Street, Suite 300, Charlesto | m, SC 29401 Ndd | | |
| | | ☐ Remove | | | |
| | | or dealing property or make detail to the control of the state of the | Kentevo | | |
| Senior Legal Tourisel/ | Kevin Satter | 5800 Granite Pkwy, Ste 1000, Plano, | TX 75024Add | | |
| Secretary | | | | | |
| | | | Rangove | | |
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| | | | Add | | |
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| | | | Remove | | |
| aforementio | a certificate, if required; no more the ned amendment(s), duly authenticate under the law of which this entity is | ted by the official having custody of recor | ds in the | | |
| | under the law of which this entity is Signatu | A Company | | | |
| | | | | | |
| | A. Joshua Carper, Vice Pr | resident | | | |

Filing Fee: \$25.0°