

M180000001585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

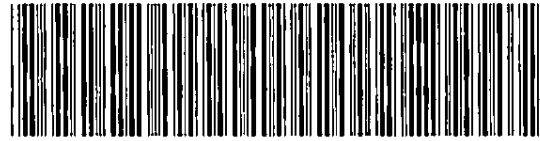
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700398561027


STATE OF MISSISSIPPI

2022 DEC 19 AM 10:27

FILED

2022 DEC 19 AM 11:13

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 083774 8209577
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : October 27, 2022
ORDER TIME : 10:47 AM
ORDER NO. : 083774-010
CUSTOMER NO: 8209577

FOREIGN FILINGS

NAME: CVO HOLDING COMPANY, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexis Weiland -- EXT#

EXAMINER: _____

**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: CVO Holding Company, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M1800001585

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/14/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Prepass, LLC
(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: _____

Enter Florida Street Address

_____, Florida _____
City 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 605, 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

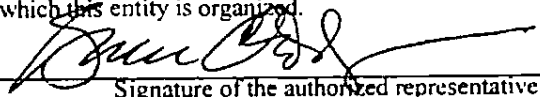
FILED
2018 DEC 19 AM 10:27

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Prepass Safety Alliance	2929 N. Central Avenue, Suite 1500	<input checked="" type="checkbox"/> Add
		Phoenix, AZ 85012	<input type="checkbox"/> Remove
Member	Madrid Bidco, LLC	101 E. Washington Street, Suite 500	<input type="checkbox"/> Add
		Phoenix, AZ 85004	<input checked="" type="checkbox"/> Remove
Manager	Christopher Beale	101 E. Washington Street, Suite 500	<input type="checkbox"/> Add
		Phoenix, AZ 85004	<input checked="" type="checkbox"/> Remove
Manager	Samuel M. Coxe	101 E. Washington Street, Suite 500	<input type="checkbox"/> Add
		Phoenix, AZ 85004	<input checked="" type="checkbox"/> Remove
Manager, CEO/President	Charles W. Kinford	101 E. Washington Street, Suite 500	<input type="checkbox"/> Add
		Phoenix, AZ 85004	<input checked="" 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

Bruce C. Eddy

 Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2017 DEC 19 AM 10:27
 MARICOPA COUNTY
 CLERK OF SUPERIOR COURT

Prepass, LLC – FL Attachment

Please remove Manager – Christopher ^{REID}~~Reed~~ – 101 E. Washington Street, Suite 500, Phoenix, AZ
85004

Prepass, LLC – FL Attachment

Please remove Manager – Christopher Reed – 101 E. Washington Street, Suite 500, Phoenix, AZ
85004

Prepass, LLC – Member Information

The sole member of Prepass, LLC is Prepass Safety Alliance, LLC located at 2929 N. Central Avenue, Suite 1500, Phoenix, AZ 85012.

FILED
2017 DEC 19 AM 10:27
COUNTY MARICOPA

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVO HOLDING COMPANY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PREPASS, LLC" ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2022, AT 1:38 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

6669454 8320
SR# 20224286964

Authentication: 205111919
Date: 12-15-22

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