

1/9/2020

M18000004293

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000009811 3))



H200000098113ABCV

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 : FCA00000023
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.

Email Address: _____

2020 JAN -9 PM 12:08
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PACIFIC COAST FEATHER, LLC

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

2020 JAN -9 PM 2:49

Electronic Filing Menu

Corporate Filing Menu

Help
Y. SULKER

JAN 10 2020

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: Pacific Coast Feather, LLC

Enter new principal office address, if applicable: c/o Drivetrain LLC, 410 Park Avenue

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

Suite 900

New York, NY 10022

Enter now mailing address, if applicable:

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

c/o Drivetrain LLC, 410 Park Avenue

Suite 900

New York, NY 10022

2. The Florida document number of this limited liability company is: M18000004293

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/02/2018

SECTION II (3-9 complete only the applicable changes)

5. New name of the limited liability company: PCF Liquidation, 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

2020 JAN -9 PM 1:19

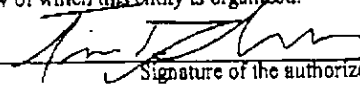
FILED

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>
Manager	James Allen	901 Yamato Rd., Ste. 250	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
Manager	Mark Eichhorn	901 Yamato Rd., Ste. 250	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
Member	HSP Liquidation, LLC	c/o Drivetrain LLC, 410 Park Ave., Ste. 900	<input checked="" type="checkbox"/> Add
		New York, NY 10022	<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

Timothy Daileader

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PACIFIC COAST FEATHER, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PCF LIQUIDATION, LLC" ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2019, AT 3:40 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6446302 8320
SR# 20200177059

Authentication: 202155243

Date: 01-09-20

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