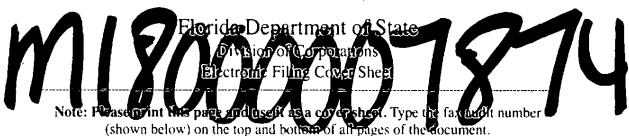
Division of Corporations



(((H24000038003 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNO OF SONNY'S DIAMOND SHINE, LLC

Certificate of Status

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

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

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 Der	partment of	
State: SONNY'S DIAMOND SHINE, LLC			
State.			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
-			
Enter new mailing address, if applicable: (Mailing address MAY BE A BOST OFFICE BOY)			
MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	ility company is: M18000007874	ŀ	
2. The Florida decallest flames of this finited flam	my company is:		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 08/24/			
			
SECTION II (5-9 complete only the applicable ch	nanges)		
5. New name of the limited liability company:	contain "Limited Liability Comp		
(must o	contain "Limited Liability Compa	any, " "L.L.C.," or "L	.LC.")
(If any in the last of the las			
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	iging members adopting the alter		
6. If amending the registered agent and/or registered	officer address on our records le	enter the name of the n	iew.
registered agent and/or the new registered office add	trace hara		
Name of New Registered Agent:		は日	124
Name of New Registered Agent: New Registered Office Address:			\ \frac{1}{2} \ \tau_1
New Registered Office Address.	Enter Florida S	rreet Address I 🗧	129
		., Florida	- m
	City	Zip Gode	JE O
New Registered Agent's Signature, if changing Reg	istered Agent:	ST/	2:
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in	and agree to act in this capacity, nd complete performance of my a red agent as provided for in Chap the registered office address, I h	luties, and I am familie oter 605, F.S. Or, if thi	ar with is
liability company has been notified in writing of this	cnange.		

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
EO/ Manager	Curtis Hutchins	5870 N Hiatus RoadTamarac, FL 33321	= Ado
	٦		□Rem
resident/Chief evenue Officer	Kati Pierce	5870 N Hiatus RoadTamarac, FL 33321	■Add
FO	Brian Crutchfield	5870 N Hiatus RoadTamarac, FL 33321	= Add
			□Rem
SVP Finance/ Manager Kelly La	Kelly Lawrence	5870 N Hiatus RoadTamarac, FL 33321	=Add
			□Rem
P Finance	Michael Karow	5870 N Hiatus RoadTamarac, FL 33321	\BAdd
			□Remo

Filing Fee: \$25.00

Florida Secretary of State

Amendment Attachment

(The Information Below is to Be Amended)

This Amendment is to add additional officers listed below:

1. Dan Kaiserian - SVP Operations - 5870 N Hiatus Road Tamarac, FL 33321