# 111900000173

(Requestor's Name)
(Address)
(Address)
( verses)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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19 HAY IN PH 3: 52 TO BEER YOUR STATES

K. SALY MAY 15 2019

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENÇE : 762594 COST LIMIT : \$ 25.00 ORDER DATE: May 13, 2019 ORDER TIME : 9:11 AM ORDER NO. : 761594-010 CUSTOMER NO: 7800552 FOREIGN FILINGS NAME: A/NPC SBG HOLDINGS LLC CORPORATE \_\_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turher -- EXT# 62969

## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A/NPC SBG HOLD			
Name of Foreign I	imited Liability Company		
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are	submitted for filing.		
Please return all correspondence concerning this n	atter to the following:		
Michael O'Brien			
Name of Person			
Advance			
Firm/Company			
One World Trade Center, 44th Floor			
Address			
New York, NY 10007			
City/State and Zip Code			
mobrien@advance.com			
E-mail address: (to be used for future annual re	ort notification)		
For further information concerning this matter, ple Michael O'Brien	212 286-6843		
Name of Person	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:  \$\begin{align*}	S55 Filing Fee & S60 Filing Fee, Certified Copy 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) SET LESS SE 1. Name of limited liability Company as it appears on the records of the Florida Department of State: A/NPC SBG HOLDINGS LLC 200 W. Forsyth Street Enter new principal office address, if applicable: Suite 1350 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32202 200 W. Forsyth Street Enter new mailing address, if applicable: (Mailing address Suite 1350 MAY BE A POST OFFICE BOX) Jacksonville, FL 32202 2. The Florida document number of this limited liability company is: M1900000173 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: January 7, 2019 SECTION II (5-9 complete only the applicable chadges) 5. New name of the limited liability company: Leaders Group Holdings 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." dr "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

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.

City

Florida

Zip Code

7. If the amendmen	nt changes the jurisdiction of organ	vization, indicate new jurisdiction:	19 MAY 14 PM 3:52
8. If the amendmer	nt changes person, title or capacity i	n accordance with 605.0902 (1)(e), indicate that of	change:
Title/ Capacity	Name	Address	Type of Action
			Add
			Remove
<del></del>			∏Add
			Remove
			Remove
			Add
			Remove
			Add
aforementioned	er the law of which this entity is or	by the official having custody of records in the ganized.	Remove
	Jack. S. Yeh	of the authorized representative	

Filing Fee: \$25.00

# <u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "A/NPC SBG HOLDINGS

LLC", CHANGING ITS NAME FROM "A/NPC SBG HOLDINGS LLC" TO

"LEADERS GROUP HOLDINGS LLC", FILED IN THIS OFFICE ON THE FIRST

DAY OF MAY, A.D. 2019, AT 7:19 O'CLOCK P.M.

FILED

19 HAY IL PH 3: 52

LOND

Authentication: 202761842 Date: 05-03-19

7076757 8100 SR# 20193430508

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:19 PM 05:01/2019
FB.ED 07:19 PM 05:01/2019
SR 20193430508 - FBe Number 7076757

### STATE OF DELAWARE SR CERTIFICATE OF AMENDMENT

The Certificate of Formation of the limited liability company is hereby as sollows:  Article First is deleted in its entirety and replaced with the following:  "Article First: The name of the Limited Liability Company is Leaders Group Holdings LLC"	Name of Limited	l Liability Compan	y: A/NPC	SBG I	loldings	LLC
as follows:  Article First is deleted in its entirety and replaced with the following:  "Article First: The name of the Limited Liability						
replaced with the following: "Article First: The name of the Limited Liability		f Formation of the	limited liab	oility co	mpany is he	reby an
"Article First: The name of the Limited Liability Company is Leaders Group Holdings LLC"				entir	ety and	
	"Article Fir Company is 1	cst: The name Leaders Group	of the Holding	Limit gs LLC	ed Liabi "	llity
IN WITNESS WHEREOF, the undersigned have executed this Certifica	IN WITNESS W	HEREOF the un	lersioned h	2Vê eye	cuted this C	ertificat
the 1st day of May ,A.D. 2019				ave exe		
lar Jack C uch		1	Jame: Jacl			
Name: Jack S. yeh				P	rint or Type	: