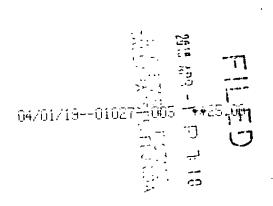
M19000000 272

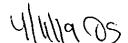
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phoni	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu-	ment Number)	
Certified Copies	Certificates	s of Status
,		
Special Instructions to Fili	ng Officer:	





900327195459





COVER LETTER

Division of Corporations	
	E PARTNERS, LLC Limited Liability Company
Dear Sir or Madam:	Ziminou Zimoniny Company
The enclosed application, certificate and fee(s) are	re submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Meghan Whitefield	
Name of Person	
VantEdge Partners LP	MICANASSON
Firm/Company	
9401 Indian Creek Pkwy, Ste	e 800
Address	
Overland Park, KS 66210)
City/State and Zip Code	
mwhitefield@vantedge.pa	
For further information concerning this matter, pl	lease call:
Meghan Whitefield	913 ₂₈₆₋₅₅₀₅
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: \$\Bigsim \text{\$25 \text{ Filing Fee}} \Bigsim \text{\$30 \text{ Filing Fee & Certificate of Status}\$	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

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 o	ſ
State: Luihn VantEdge Partners, L	LC	
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 POST OFFICE BOX)		
2. The Florida document number of this limited liab	pility company is: M1900000272	50 5
 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 01/0 	09/2019	
SECTION II (5-9 complete only the applicable c	hanges)	
5. New name of the limited liability company: (must	contain "Limited Liability Company," "L.I	C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members adopting the alternate name	orida and attach a . The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	I officer address on our records, enter the naddress here:	nme of the new
Name of New Registered Agent:		
New Registered Office Address:	G 917 4 9	
	Enter Florida Street Addr	ess
	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a	istered Agent: t and agree to act in this capacity. I further	avree to comply 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.

Title/ Capacity Name		Address	Type of Action
CEO	Allan J. Luihn	2950 Gateway Centre Blvd	■Add
		Morrisville, NC 27560	Remo
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		(m) (m)	. ☐ Remo
		1 (1) (7) 27	· □Ādd
			Remo
			Add
			Remov
			Add
			Remo
aforementio	a certificate, if required: no more than ned amendment(s), duly authenticated under the law of which this entity is or	by the official having custody of records in the	

Filing Fee: \$25.00

State of Florida Department of State

I certify from the records of this office that LUIHN VANTEDGE PARTNERS, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on January 9, 2019.

The document number of this limited liability company is M19000000272

I further certify that said limited liability company has paid all fees due this office through December 31, 2019 and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of February, 2019



Secretary of State

Tracking Number: 3101652114CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication