



**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.

((H19000273901 3)))



H190002739013ABC%

**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 : FOLEY & LARDNER  
Account Number : 119960000047  
Phone : (407) 423-7656  
Fax Number : (407) 648-1743

2019 SEP 12 PM 3:21

AMND  
FILED

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLUBLINK US LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 SEP 12 PM 3:21

T GLASS

SEP 13 2019

**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: CLUBLINK US 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: M19000003424

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 4, 2019

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

5. New name of the limited liability company: \_\_\_\_\_

(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

2019 SEP 12 PM 3:21

FILED  
SEP 12 2019  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

H19000273901 3

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)(c), indicate that change:

Change of Member

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	3232807 Canada Inc.	55 CITY CENTRE DRIVE, STE 1000	<input checked="" type="checkbox"/> Add
		MISSISSAUGA, ON L5B 1M3 CA	<input type="checkbox"/> Remove
MBR	White Pass & Yukon U.S., Inc.	55 CITY CENTRE DRIVE, STE 1000	<input type="checkbox"/> Add
		MISSISSAUGA, ON L5B 1M3 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Beverly G. Flynn, Secretary

Typed or printed name of signer

Filing Fee: \$25.00

H19000273901 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLUBLINK US LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLUBLINK US LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2019 SEP 12 PM 3:21  
FILED  
MILBULL



  
Jeffrey W. Bullock, Secretary of State