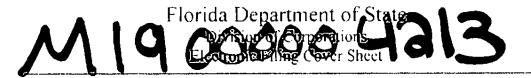
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Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_ 2822 Of 3 . LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CELTIC INTERNATIONAL, LLC Certificate of Status Certified Copy 03 Page Count C. BRUMBLEY Estimated Charge \$55.00

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From: Kaity Toon

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Page: 3 of 4 .

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	s on the records of the Florida E	Pepariment of
State: Celtic International, 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)		S C T T T T T T T T T T T T T T T T T T
2. The Florida document number of this limited lia	ability company is: M190000043	113
3. Jurisdiction of its organization: 4. Date authorized to do business in Florida: 5. New name of the limited liability company: (mus) (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company." "L.L." 6. If amending the registered agent and/or register.	changes) st contain "Limited Liability Condition of the purpose of transacting benaging members adopting the alc." or "LLC.") red officer address on our record	onpany, " "L.L.C.," or "L.L.C.") business in Florida and attach a liternate name. The alternate name
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent: New Registered Office Address:		la Street Address
	Cim	Florida
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capa cand complete performance of t tered agent as provided for in C cin the registered affice address	ny duties, and Lam familiar with Thapter 605, F.S. Or, if this

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itle/ Capacity	<u>Name</u>	Address	Type of Actio
1anager	Brian L Kuntz	1515 3rd St	☑Add
		San Francisco, CA 94158	□Remo
1anager	Frank McGuigan	3010 Gaylord Parkway, Ste 200	Ndd
	Frisco, TX 75034	□Remo	
			\\Add
		□Remo	
		DbA	
		□Remo	
aforementio	a certificate, if required: no more t ned amendment(s), duly authentic under the law of which this entity	ated by the official having custody of records in th	□Reme

Filing Fee: \$25.00