## 11900005973

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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D SCOTT JUL 8 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 832178 AUTHORIZATION : COST LIMIT ORDER DATE : July 3, 2019 ORDER TIME: 6:26 PM ORDER NO. : 832178-025 CUSTOMER NO: 4320909 FOREIGN FILINGS NAME: LINEAGE EBI ACQUISITION, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

TO: Registration Section

Division of C	Corporations					
SUBJECT:	Lineage El	<u> </u>			-	
	Name of Foreign	i Limited Liaon	шу Сотра	any		
Dear Sir or Madam:						
The enclosed applica-	tion, certificate and fee(s) a	ire submitted fo	r filing.			
Please return all corre	espondence concerning this	matter to the fo	ollowing:			
Timothy O'B	rien					
	Name of Person			• •	Ça Ça	
Latham & W	atkins LLP				() () () ()	
	Firm/Company				ا م	
330 North W	/abash Ave., Su	ite 2800			) > :	j
	Address					
Chicago, IL	60611					
	City/State and Zip Code					
BGolper@lir	neagelogistics.c	om				
E-mail address: (to	be used for future annual	report notificati	on)			
For further information	on concerning this matter, p	olease call:				
Timothy O'B	<u> </u>	at ( 312 )	876-6	3594		
Name	e of Person		& Daytim	e Telephone Number	•	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314		
Enclosed is a check to \$25 Filing Fee  CR2E055 (9/15)	for the following amount:  \$30 Filing Fee & Certificate of Status	\$55 Filing Certified	-	S60 Filing Fee, Certificate of S Certified Copy		

2

## 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: Lineage EBI Acquisition, LLC	<u> </u>
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	y company is: M19000005973
3. Jurisdiction of its organization: Delaware	. company is.
4. Date authorized to do business in Florida: 06-19-	2019
SECTION II (5-9 complete only the applicable chan-	
(must con	tain "Limited Liability Company, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for to copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." or	the purpose of transacting business in Florida and attach a g members adopting the alternate name. The alternate name "LLC.")
6. If amending the registered agent and/or registered off registered agent and/or the new registered office addres	icer address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Register	red 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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
le/ Capacity	<u>Name</u>	Address	Type of Action			
<del></del>			Add			
			Remov			
			Add			
			Remov			
			Add			
			Remove			
			Add			
		<u></u>	Remove			
	<del> </del>		Add			
			Remove			
aforementioned am	e law of which this entity is orga	the official having custody of records in the				
		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 THAT THE SAID "LINEAGE EBI ACQUISITION, LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "EVERY BEAR INVESTMENTS LLC" ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2019, AT 1:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE: NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERY BEAR SINVESTMENTS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2019.

Authentication: 203157203

Date: 07-03-19

7471769 8320 SR# 20195817326