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(((H24000174022 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

(<u>(,)</u> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAKKT MARKETPLACE, LLC

Certificate of Status	0
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Corporate Filing Menu

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May 21, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

BAKKT MARKETPLACE, LLC 10000 AVA LON BLVD STE 1000 ALPHARETTA, GA 30009US

SUBJECT: BAKKT MARKETPLACE, LLC

REF: M19000008170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H24000174022 Tracy L Lemieux Regulatory Specialist II Letter Number: 524A00010618 **TO:** Registration Section

## **COVER LETTER**

Divis	ion of (	Corporations				
SUBJECT:	Bakki	Marketplace, LLC				
oobder.	Name of Foreign Limited Liability Company					
Dear Sir or M	ladam:					
The enclosed	applica	ation, certificate and	fee(s) a	re submitted fo	or filing	
Please return	all con	respondence concern	ing this	matter to the f	followin	g:
Joanna Ferr	nandez					
		Name of Person				
United Ager	at Grou	p Inc.				
		Firm/Company				
801 US High	hway 1					
		Address				
North Palm	Beach	FL 33408				
		City/State and Zip	Code	-		
•		gentgroup.com				
E-mail add	ress: (t	o be used for future a	innual r	eport notificat	ion)	
For further in	ıformat	ion concerning this n	natter, p	lease call:		
Joanna Ferr	nandez	·	{	561 at (	694-8	
	Nam	e of Person		Area Code	& Dayti	me Telephone Number
	ig Addr				Street Ad	
Registration Section					Registration Section	
Division of Corporations				Division of Corporations		
P.O. Box 6327				The Centre of Tallahassee		
l alla	hassee,	FL 32314				Monroe Street, Suite 810 ssee, FL 32303
		a check for the follo	-			
□\$25 Filing	Fee	□ \$30 Filing Fee &		☐ \$55 Filing F		□ \$60 Filing Fee,
		Certificate of St	atus	Certified Co	ору	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)

Name of limited liability Company as it appears     State:     Bakkt Marketplace, LLC	on the records of the Florida Department of	
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 liab	bility company is: M19000008170	
3. Jurisdiction of its organization: Virginia		
4. Date authorized to do business in Florida: 08/2	2/2019	
SECTION II (5-9 complete only the applicable of	hanges) akkt Crypto Solutions, LLC	
(must	contain "Limited Liability Company," "L.L. " or "LLC."	<b>49</b>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manmust contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name of "LLC.")	mey
<ol><li>If amending the registered agent and/or registered registered agent and/or the new registered office add</li></ol>	d officer address on our records, enter the name of the new dress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	3
	, Florida	
<del></del>	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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
tle/ Capacity	Name	Address	Type of Action			
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aforementioned am	he law of which this entity is organi	he official having custody of records in the	□Remo			
P.A.		e authorized coresentative  oanna Fernandez Attorney- In- Fact				

Filing Fee: \$25.00

# Commonboealth of Hirginia



# State Corporation Commission

### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Bakkt Crypto Solutions, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on June 14, 2019; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 13, 2024

Bernard J. Logan, Clerk of the Commission