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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:_			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEANCURT ALTAMONTE SPRINGS LLC

Certificate of Status	0
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 	AUG-0-7-2020

Electronic Filing Menu

Corporate Filing Menu

Help

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 appear State: Deancurt Altamonte Springs LLC	s on the records of the Florida De	partment of	
Enter new principal office address, if applicable:	380 Union Street, Suite 300		
(Principal office address MUST BE A STREET ADDRESS)	West Springfield, MA 01089		
Enter new mailing address, if applicable:	380 Union Street, Suite 300		
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)	West Springfield, MA 01089		
2. The Florida document number of this limited lia	ability company is: M1900000823	7	20
Jurisdiction of its organization: Delaware		,,	芸り
4. Date authorized to do business in Florida: Aug	ust 23, 2019		ری
SECTION II (5-9 complete only the applicable			
Pr		pany, ""L.L.C.," or "LLC."	ੋ: ") ਤੌਂ
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopting the alte	siness in Florida and attach a rnate name. The alternate na	a ime
6. If amending the registered agent and/or registere registered agent and/or the new registered office at	ed officer address on our records, ddress here:	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	Street Address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent: nt and agree to act in this capacit and complete performance of my tered agent as provided for in Cha in the registered office address, I	y. I further agree to comply duties, and I am familiar wi apter 605, F.S. Or, if this	ith
If C	hanging Registered Agent, Signa	rure of New Registered Age	nt.

itle/ Capacity	<u>Name</u>	Address	Type of Action
Manager	Deancurt Realty Group, Inc.	34 Greenwich Road	□Add
		Longnicadow, MA 01106	≅Remo
Manager	Nepsa Manager LLC	380 Union Street	⊠Add
		West Springfield, MA 01089	□Remo
<u></u>		·	□Add
			DRemo
			□Add
			□Remo
			□Add
aforemention	under the law of which this entity is o	d by the official having custody of records in the	□Remo

Typed or printed name of signee
Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DEANCURT ALTAMONTE SPRINGS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PRESERVE SOUND LLC" ON THE FIFTH DAY OF AUGUST, A.D. 2020, AT 11:25 O'CLOCK A.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.



Authentication: 203417727

Date: 08-06-20