

M20000005112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEC 11 2020

.ORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 541113 4807453

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : December 7, 2020

ORDER TIME : 12:24 PM

ORDER NO. : 541113-010

CUSTOMER NO: 4807453

FOREIGN FILINGS

NAME: UNIVERSA BLACK SWAN GP XLII
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

**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: Universa Black Swan GP XLII 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: M20000005112

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/08/2020

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

5. New name of the limited liability company: Universa Safe Haven Delaware GP 1 LLC
(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

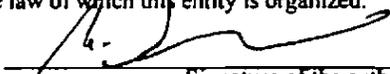
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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2020
DEC - 8
11:08:00

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

Mark W. Spitznagel, Manager

Typed or printed name of signee

Filing Fee: \$25.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:18 PM 11/20/2020
FILED 09:18 PM 11/20/2020
SR 20208463165 - File Number 7933136

AMENDED AND RESTATED
CERTIFICATE OF FORMATION

OF

UNIVERSA BLACK SWAN GP XLII LLC

This Amended and Restated Certificate of Formation of Universa Black Swan GP XLII LLC (the "Company") has been duly executed and is being filed by the undersigned in accordance with the provisions of Section 18-208 of the Delaware Limited Liability Company Act, to amend and restate the original Certificate of Formation of the Company, which was filed on April 13, 2020, under the name of Universa Black Swan GP XLII LLC with the Secretary of State of the State of Delaware (the "Certificate") to form a limited liability company under the Delaware Limited Liability Company Act.

The Certificate is hereby amended and restated in its entirety to read in full as follows:

FIRST: The name of the limited liability company is Universa Safe Haven Delaware GP I LLC.

SECOND: The address of its registered office in the State of Delaware and the name and address of the registered agent for service of process are Corporation Service Company, 251 Little Falls Drive, Wilmington, New Castle County, Delaware, 19808.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation on November 20, 2020.

/s/ Eric Spencer

Eric Spencer
Authorized Person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "UNIVERSA BLACK SWAN GP XLII LLC", CHANGING ITS NAME FROM "UNIVERSA BLACK SWAN GP XLII LLC" TO "UNIVERSA SAFE HAVEN DELAWARE GP 1 LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2020, AT 9:18 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7933136 8100
SR# 20208463165

Authentication: 204157454
Date: 11-24-20

You may verify this certificate online at corp.delaware.gov/authver.shtml