Division of Corporations Electronic Filing Cover Sheet

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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 CF MONKEY MLB LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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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)

1. Name of limited liability Company as it appears on the records of the Florida Department of	
State: CF Monkey MLB LLC	
Enter new principal office address, if applicable:	2021 NOV 12
(Principal office address MUST BE A STREET ADDRESS)	N 12
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AM 10: 17
The Florida document number of this limited liability company is: M121000005981	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: May 17, 2021	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: (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.")	ne
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	
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 we 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 limite liability company has been notified in writing of this change.	П

If Changing Registered Agent, Signature of New Registered Agent

From: Kaity Toon

 If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Add a signatory 							
itle/ Capacity	Name	<u>Address</u>	Type of Action				
uthorized gnatury	William Turner	11611 San Vicente Blvd, 10th Floor Los Angeles, CA, 90049	l∗JAdd				
			□Remove				
~*********			EJAdd				
			IDReimore				
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	William Terper						