M2100	20010416
(Requestor's Name) (Address) (Address)	800379992348
(City/State/Zip/Phone #)	RECEIVED 2022 FEB 16 PH 12: 27 ALLAHASSEE FLOW
Office Use Only	FEB 17 2022. I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	1200000001	.95
	REFERENCE	:	488323	7788495
	AUTHORIZATION	:	Charles &	17
	COST LIMIT	:	\$ 25.00	leman
ORDER DATE :	February 15, 202	2		
ORDER TIME :	8:12 AM			
ORDER NO. :	488323-015			
CUSTOMER NO:	7788495			

FOREIGN FILINGS

NAME: HAULOVER SMI OPCO, LLC

CORPORATE LIMITED PARTNERSHIP XX 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: Alexxis Weiland -- EXT

EXAMINER:

XT# :	1Ûe	

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 on the record 	ds o	of the	Florida	Department of	£
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State: HAULOVER SMI OPCO, 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: M21000016416 3. Jurisdiction of its organization: ____ 4. Date authorized to do business in Florida: 12/06/2021 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 "LI.C.") (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, <u>enter the name of the new</u> registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida Street Address ___, Florida _____ Zip Code City 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:

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Title/ Capacity Name Address Type of Action Bryan Redmond 17330 Preston Rd., Ste. 220A Manager ■Add Dallas TX 75252 ⊡Remove Manager **Richard Carter** 17330 Preston Rd., Ste. 220A . ∎Add Dallas TX 75252 Remove 17330 Preston Rd., Ste. 220A Bryan Redmond President Dallas TX 75252 Remove **Richard Carter** 17330 Preston Rd., Ste. 220A Vice President ∎Add Dallas TX 75252 Remove **Richard Carter** 17330 Preston Rd., Ste. 220A Secretary ■Add Dallas TX 75252 DRemove 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. agneture of the authorized representative Т Bryan Redmond Typed or printed name of signee Filing Fee: \$25.00

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

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