

M24 000001098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

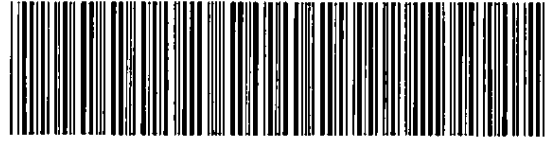
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 FEB -8 PM 2:34

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

RECEIVED

2024 FEB -8 AM 9:18

STATE OF FLORIDA  
SECRETARY OF REVENUE

R. HUNT  
02/08/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PB Breakers Hockey LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Ormond  
\_\_\_\_\_

Name of Person

Kaplin Stewart  
\_\_\_\_\_

Firm/Company

910 Harvest Drive, Second Floor  
\_\_\_\_\_

Address

Blue Bell, PA 19422  
\_\_\_\_\_

City/State and Zip Code

mh@rinellc.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Ormond at ( 610 ) 941-2583  
\_\_\_\_\_ at ( ) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

2001 FEB -9 AM 9:18  
 STATE OF FLORIDA  
 TALLHASSEE, FL  
 ED

**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: PB Breakers Hockey LLC

Enter new principal office address, if applicable: 767 Fifth Avenue, 44th Floor New York, NY 10153

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

767 Fifth Avenue, 44th Floor New York, NY 10153

**(Mailing address  
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M24000001098

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 30, 2024

**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.")

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:

\_\_\_\_\_

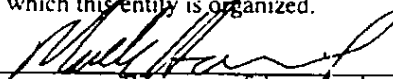
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Larry Robbins	767 Fifth Avenue, 44th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10153	<input type="checkbox"/> Remove
Manager	Mark Horowitz	767 Fifth Avenue, 44th Floor	<input type="checkbox"/> Add
		New York, NY 10153	<input checked="" type="checkbox"/> Remove
Authorized Person	Mark Horowitz	767 Fifth Avenue, 44th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10153	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF NEW JERSEY  
 AH 9/18

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 Horowitz, Authorized Person

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**