

MS4 0000000086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

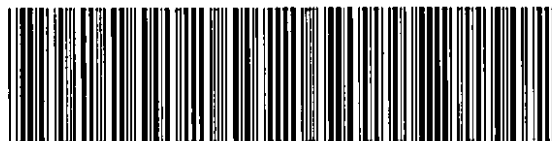
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 7 PM 3:21
ALLAHASSEE, FLORIDA

RECEIVED


2024 FEB -7 PM 3:21

ALLAHASSEE, FLORIDA

A. HUNT

02/07/24

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

ACCOUNT NO. : I20000000195
REFERENCE : 310272 4305026
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 7, 2024
ORDER TIME : 2:23 PM
ORDER NO. : 310272-010
CUSTOMER NO: 4305026

7 Feb 10:56

FOREIGN FILINGS

NAME: CCC INVESTMENTS I, L.L.C.

☐ 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: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCC Investments I, L.L.C.
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:

Rachael Charest

Name of Person

Sullivan & Worcester LLP

Firm/Company

One Post Office Square

Address

Boston, MA 02109

City/State and Zip Code

rcharest@sullivanlaw.com

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

For further information concerning this matter, please call:

Rachael Charest at (617) 338-2868
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

CR2E055 (9/15)

**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: CCC Investments I, L.L.C.

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: M94000000086

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/02/1994

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chief Financial Officer & Treasurer	Richard W. Siedel, Jr.	Two Newton Place, 255 Washington Street, Suite 300	<input type="checkbox"/> Add
		Newton, MA 02458	<input checked="" type="checkbox"/> Remove
Chief Financial Officer & Treasurer	Matthew C. Brown	Two Newton Place, 255 Washington Street, Suite 300	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
Secretary	Jennifer B. Clark	Two Newton Place, 255 Washington Street, Suite 300	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
President and Chief Executive Officer	Christopher J. Bilotto	Two Newton Place, 255 Washington Street, Suite 300	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
Assistant Secretary	Jacquelyn S. Anderson	Two Newton Place, 255 Washington Street, Suite 300	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Matthew C. Brown

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Chief Financial Officer and Treasurer

(Typed or printed name of person signing)

(Title of person signing)

Matthew C. Brown

FILING FEE \$35.00

2024 F 107 11:10:56
STATE