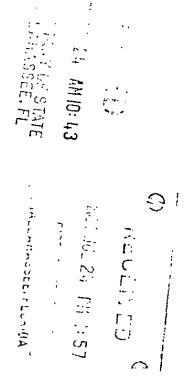
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/24/2024

D	ate:	07/24/2024	
		Acc#I20160000072	- a: DW
Name:	Express,	LLC	
Document #:			
Order #:	15783290)	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	AHIO: 43
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt:\$ 55.00	

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

Name of limited liability Company as it appears on the records EXPRESS, LLC	·	ent of
State: EXPRESS, LLC Enter new principal office address, if applicable:		
(Principal office address		
MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address)		
MANDE A BOOT OCCUPE BOD	-	
2. The Florida document number of this limited liability company	M98000000441	TEST (N)
		OF A
3. Jurisdiction of its organization: Delaware		— <u> </u>
4. Date authorized to do business in Florida: 04/30/1998		LAIE CH
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: (must contain "Limite	ed Liability Company,	""L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose copy of the written consent of the managers or managing members must contain "Limited Liability Company," "L.L.C." or "LLC.")	of transacting business adopting the alternate	in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered officer addres registered agent and/or the new registered office address here:	s on our records. enter	the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Planike Stugat	(I I I was
	ity	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to a the provisions of all statutes relative to the proper and complete pe and accept the obligations of my position as registered agent as pr document is being filed to merely reflect a change in the registered liability company has been notified in writing of this change.	erformance of my dutie. ovided for in Chapter (s, and I am familiar with 605, F.S. Or, if this
If Changing Registe	red Agent, Signature o	f New Registered Agent

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Stewart Glendinning	1 Express Drive	□∧dd
		Columbus , OH 43230	⊼ l Remo
Manager Mark Still	Mark Still	1 Express Drive	⊼ l∧dd
	Columbus , OH 43230	□Remo	
			□Add
			□Remo
			
		- <u></u>	Remo AM 10: 43
aforemention	a certificate, if required: no more t ned amendment(s), duly authentic under the law of which this entity	ated by the official having custody of reco	□Remo

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Filing Fee: \$25.00