Division of Corporations

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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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WINGSTONE HI TOY COMPANY LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

∵MONS

JUN 15 2020

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

2020 JUN 12 AM 9: 34

SECTION	1 (1-4 must be completed)
1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: Wingstone III Toy Company LLC	
Enter new principal office address, if applicable:	
(<u>Principal office address</u> 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 lia	ability company is: M99000001481
3 Jurisdiction of its organization:	
	22/1999
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: 4	30southbeach LLC st contain "Limited Liability Company," "L.L.C.," or "LLC."
(mus	st contain "Limited Liability Company," "L.L.C., or "L.L.C.,
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or magnetic contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate na C." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	. Florida
	City Zip Code
the provisions of all statutes relative to the prope	egistered Agent: ent and agree to act in this capacity. I further agree to comply r and complete performance of my duties, and I am familiar wi stered agent as provided for in Chapter 605, F.S. Or. if this e in the registered office address, I hereby confirm that the lim

If the amendment changes person, title or capacity in accordance with 605.0902(1)(e) indicate that change: Ari 9: 34			
le/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Remov
			🗆 Add
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			□Remo
			
aforementioned ar	ficate, if required: no more than 90 c nendment(s), duly authenticated by t the law of which this entity is organi	he official having custody of records in in	□Remo e
	/s/ Alfred P. West, Jr.		
	Signature of the	ne authorized representative	

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

June 12, 2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that a Certificate of Amendment was filed pursuant to the laws of the Commonwealth of Pennsylvania on June 1, 2020, for WINGSTONE III TOY COMPANY LLC, a Pennsylvania limited liability company, organized August 3, 1999, whereby the organization name was changed to 430southbeach LLC.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certificate Number: TCO200611JF0887 -1

Verify this certificate by calling 717-787-1057 option #4.