

P 20000007532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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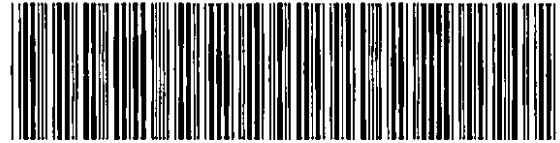
(Business Entity Name)

(Document Number)

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FILED  
2021 DEC -1 AM 9:50  
TREASURY STATE  
TALLAHASSEE, FL

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2021 DEC -1 PM 3:42  
TALLAHASSEE, FLORIDA

Y SULKER

DEC 01 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 272976 5150566

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$35.00

ORDER DATE : November 30, 2021

ORDER TIME : 2:11 PM

ORDER NO. : 272976-005

CUSTOMER NO: 5150566

CHANGE OF AGENT

NAME: APPALOOSA PARTNERS II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Appaloosa Partners II, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P20000007532

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Bersh

Name of Contact Person

Appaloosa LP

Firm/Company

51 John F. Kennedy Parkway, Floor 2

Address

Short Hills, NJ 07078

City/State and Zip Code

d.bersh@amlp.com

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

For further information concerning this matter, please call:

Teresa Guerino

Name of Contact Person

at (973)

701-8413

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Appaloosa Partners II, Inc.
2. The principal office address: 404 Washington Avenue, Miami Beach, FL 33139
3. The mailing address (if different): 51 John F. Kennedy Parkway, Floor 2, Short Hills, NJ 07078
4. Date of incorporation/qualification: 1/30/2020 Document number: P20000007532
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

## CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street


P.O Box NOT acceptable

## Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

**David Bersh, General Counsel**

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: Elyse B. Brown  
Authorized Law Practitioner  
 Signature of Registered Agent

12/01/2021

Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)