

Form 0000284

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

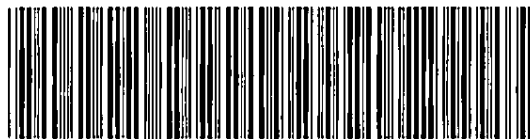
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AC  
R. WHITE  
JAN 04 2018



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: January 3, 2018

Account#: 120000000088

Name: Marisa Kugelmann

Reference #: B094309

Entity Name: AMERICAN STRUCTUREPOINT, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

*Please retain  
original file date*

Authorized Amount: \$35.00

Signature: Marisa Kugelmann

• CORPORATE HQ  
COGENCY GLOBAL INC  
115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
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INCORPORATED IN THE UK  
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+44 (0)20.3786.1090

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A HONG KONG LIMITED COMPANY  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2017

COGENCY GLOBAL

SUBJECT: AMERICAN STRUCTUREPOINT, INC.  
Ref. Number: F07000002834

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Name of corporation must be available before alternate name can be dropped.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 917A00026357

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F07000002834

(Document number of corporation (if known))

1. AMERICAN CONSULTING, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. INDIANA 3. 05/30/2007  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/23/2017

5. AMERICAN STRUCTUREPOINT, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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.

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

WILLIS R. CONNER

(Typed or printed name of person signing)

PRESIDENT & COO

(Title of person signing)

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FBI

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: \_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                     |                                                                                                                               |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, jurisdiction, or purpose for a foreign profit or not for profit corporation qualified to do business or conduct its affairs in Florida as required by section 607.1504 or 617.1504, Florida Statutes. The following requirements should be met after the occurrence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. **NOTE: The purpose can be amended only on a not for profit corporation.**

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

|                                  |                                                |
|----------------------------------|------------------------------------------------|
| Filing Fee                       | \$ 35.00 (Includes a letter of acknowledgment) |
| Certified Copy (optional)        | \$ 8.75                                        |
| Certificate of Status (optional) | \$ 8.75                                        |
- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

For further information, you may call (850) 245-6050.

**State of Indiana  
Office of the Secretary of State**

**Certificate of Fact**

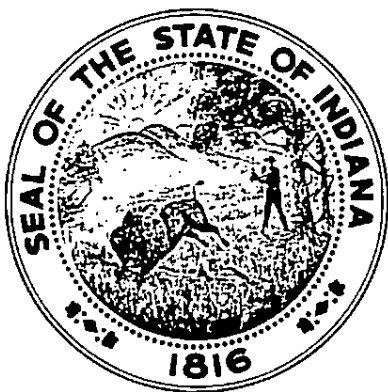
To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**AMERICAN STRUCTUREPOINT, INC.**

filed Articles of Amendment on October 23, 2017, changing their name from American Consulting, Inc. to American Structurepoint, Inc.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 28, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

194504-046 / 2017484633

Verify this certificate : <https://bsd.sos.in.gov/ValidateCertificate>