

M0500005629  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

date of submission 5/24

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNGARD BUSINESS SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	046
Estimated Charge	\$25.00

RECEIVED  
2016 MAY 25 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 24 PM 3:43  
FILED

Electronic Filing Menu

Corporate Filing Menu

MAY 26 2016  
J. HARRIS  
Help

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SunGard Business Systems LLC  
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:

Wanda Smith  
Name of Person

FIS  
Firm/Company

601 Riverside Ave.  
Address

Jacksonville, FL 32204  
City/State and Zip Code

wanda.smith@fisglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Smith at ( 904 ) 438-6221  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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



May 25, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUNGARD BUSINESS SYSTEMS LLC  
601 WALNUT STREET  
SUITE 1010  
PHILADELPHIA, PA 19106

SUBJECT: SUNGARD BUSINESS SYSTEMS LLC  
REF: M05000005629

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H16000128019  
Letter Number: 416A00011028

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2016 MAY 25 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*  
Please return original filing  
date of submission 5/24

**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: SUNGARD BUSINESS SYSTEMS LLC

Enter new principal office address, if applicable: 601 Riverside Ave.

*(Principal office address  
MUST BE A STREET ADDRESS)* Jacksonville, FL 32204

Enter new mailing address, if applicable: 601 Riverside Ave.

*(Mailing address  
MAY BE A POST OFFICE BOX)* Jacksonville, FL 32204

2. The Florida document number of this limited liability company is: M05000005629

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/06/2005

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TALLAHASSEE FLORIDA

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**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: FIS BUSINESS SYSTEMS LLC  
(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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

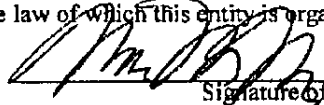
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Michael P Oates	601 Riverside Ave., Jacksonville FL 32204	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Marc M Mayo	601 Riverside Ave., Jacksonville FL 32204	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Victoria Silbey	680 E Swedesford Rd, Wayne PA 19087	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	David Singleton	680 E Swedesford Rd, Wayne PA 19087	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Leslie Brush	680 E Swedesford Rd, Wayne PA 19087	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Marc M Mayo, Manager

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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# Delaware


Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUNGARD BUSINESS SYSTEMS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FIS BUSINESS SYSTEMS LLC" ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2016, AT 5:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF JANUARY, A.D. 2016.



  
Jeffrey W. Bullock, Secretary of State

4014449 8320  
SR# 20163718092

Authentication: 202379782  
Date: 05-25-16

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)