# 1113000002161

(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:

Office Use Only



600297797116

17 APR 11 AM 8: 16

RECEIVED

O SIMMONS APR 1 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 591436

AUTHORIZATION ~

COST LIMIT

ORDER DATE: April 10, 2017

ORDER TIME : 3:18 PM

ORDER NO. : 591436-005

CUSTOMER NO: 5048595

#### FOREIGN FILINGS

NAME: XEROX GOVERNMENT SYSTEMS LLC

CORPORATE \_\_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## **COVER LETTER**

TO:

CR2E055 (9/15)

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Xerox Govern	ment Sy	/stems,	LLC	
			imited Liabili		ny
Dear S	Sir or Madam:				
The er	aclosed application, certificate a	nd fee(s) are	submitted for	filing.	
Please	return all correspondence conc	erning this m	atter to the fo	llowing:	
Kat	hy Brown				
	Name of Perso	n			
Cor	nduent Government	System	ns, LLC		
	Firm/Compan	y			
282		9th Flo	or		
	Address				
Dal	las, TX 75204				
	City/State and	Zip Code			
cbs	.legal-corporate@	condue	nt.com		
	pail address: (to be used for futu			n)	
D. C	4 . 6		.,		
	rther information concerning th	· -		044.6	20.40
nat	hy Brown	at	(214)	841-6	Telephone Number
	Name of Person		Area Code &	2 Daytime	Telephone Number
	STREET/COURIER ADDR Registration Section	ESS:			NG ADDRESS:
	Division of Corporations			Division	of Corporations
	Clifton Building			P.O. Bo	
	2661 Executive Center Circle Tallahassee, Florida 32301			Tallahas	see, Florida 32314
	sed is a check for the following Filing Fee \$\int \\$30 Filing	4	S55 Filing	Fee &	\$60 Filing Fee,
	Certificate		Certified		Certificate of Status &

# 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	•	ment of
State: Xerox Government Systems	, LLC	
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 1 2
2. The Florida document number of this limited liab	ility company is: M13000002	161
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Apri		
SECTION II (5-9 complete only the applicable cl	hanges)	
5. New name of the limited liability company: Co	onduent Government Syst contain "Limited Liability Company	ems, LLC y, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	aging members adopting the alternate	ess in Florida and attach a te name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	l officer address on our records, ent dress here:	er the name of the new
Name of New Registered Agent:		<u>,,                                   </u>
New Registered Office Address:		
	Enter Florida Stre	et Address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	istered Agent: I and agree to act in this capacity. I and complete performance of my du ared agent as provided for in Chapte In the registered office address, I he	ties, and I am familiar with er 605, F.S. Or, if this

tle/ Capacity	Name	Address	Type of Action
			∏Add
			Remove
			Add
			Remove
			Add
		<del></del>	Remove
			Remove
			Add
			Remove

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "XEROX GOVERNMENT
SYSTEMS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "CONDUENT GOVERNMENT SYSTEMS, LLC" ON THE TWENTY-NINTH
DAY OF MARCH, A.D. 2017, AT 7:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 202356025

Date: 04-11-17