





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2019

INCORPORATING SERVICES, LTED.

SUBJECT: THEMIS MANAGEMENT SERVICES LLC  
Ref. Number: W19000029228

We have received your document for THEMIS MANAGEMENT SERVICES LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

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.

Stacy Prather  
Regulatory Specialist III

Letter Number: 719A00005853

19 MAR 27 PM 5:21

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 3/22/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 731602

**ORDER ENTITY**

KELLY ANN MANAGEMENT SERVICES LLC C/N/T THEMIS MANAGEMENT SERVICES LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

KELLY ANN MANAGEMENT SERVICES LLC C/N/T THEMIS MANAGEMENT SERVICES LLC ( FL)

File the attached amendment

**NOTES:**

\$25.00 Authorized - Please honor original submission date as file date.  
Email address for annual report reminders: lfriesen@entek.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: Kelly Ann Management Services 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)

2. The Florida document number of this limited liability company is: M14000007574

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 10/17/2014

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

5. New name of the limited liability company: Themis Management Services 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

2019 MAR 22 AM 11:11  
FILED

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

\_\_\_\_\_

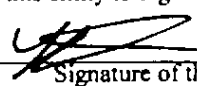
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input 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.

2019 MAR 22 AM 11:11  
 FILED  
 STATE

  
 \_\_\_\_\_  
 Signature of the authorized representative

**Larry Keith, Manager**  
 \_\_\_\_\_  
 Typed or printed name of signee

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Name Change 813B901T6

*I, LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE of Oregon, and Custodian of the Seal of said State, do hereby certify:*

*KELLY ANN MANAGEMENT SERVICES LLC*

*was filed on*

*7/15/2014*

*Articles of Amendment*

*were filed on*

*3/22/2019*

*changing the name to*

*THEMIS MANAGEMENT SERVICES LLC*

*I further certify that*

*THEMIS MANAGEMENT SERVICES LLC*

*is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in black ink, appearing to read "Leslie Cummings". The signature is fluid and cursive, with a long horizontal stroke at the end.

*LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE*

*3/25/2019*