

M160000002541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

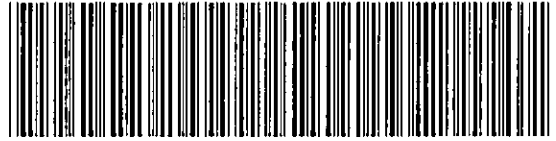
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800338810558


2020 JAN -7 AM 5:19

FILED

2020 JAN -7 PM 1:54

V. SILKER  
JAN 8 2020

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

ACCOUNT NO. : I20000000195  
REFERENCE : 123892 8291619  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : January 6, 2020  
ORDER TIME : 10:36 AM  
ORDER NO. : 123892-005  
CUSTOMER NO: 8291619

FOREIGN FILINGS

NAME: BGIS GLOBAL INTEGRATED  
SOLUTIONS US LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BGIS Global Integrated Solutions US 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:

\_\_\_\_\_  
Name of 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 Person                      at ( \_\_\_\_\_ ) \_\_\_\_\_  
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

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: BGIS GLOBAL INTEGRATED SOLUTIONS US 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: M16000002541

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: 08/23/2018

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

5. New name of the limited liability company: \_\_\_\_\_  
(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

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2020 JAN -7 AM 9:19

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>
Manager	<u>Jordan Kolar</u>	<u>250 Vesey St., Fl. 15</u> <input type="checkbox"/> Add	
		<u>New York, NY 10281</u> <input checked="" type="checkbox"/> Remove	
Manager	<u>Craig Laurie</u>	<u>250 Vesey St., Fl. 15</u> <input type="checkbox"/> Add	
		<u>New York, NY 10281</u> <input checked="" type="checkbox"/> Remove	
Manager	<u>Andrew McLachlin</u>	<u>250 Vesey St., Fl. 15</u> <input type="checkbox"/> Add	
		<u>New York, NY 10281</u> <input checked="" type="checkbox"/> Remove	
Manager	<u>Mark Weinberg</u>	<u>250 Vesey St., Fl. 15</u> <input type="checkbox"/> Add	
		<u>New York, NY 10281</u> <input checked="" type="checkbox"/> Remove	
Manager	<u>BGIS Global Integrated Solutions US Holdings LLC</u>	<u>c/o Corporation Service Company</u> <input checked="" type="checkbox"/> Add	
		<u>251 Little Falls Dr., Wilmington, DE 19808</u> <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.

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

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

Filing Fee: \$25.00

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

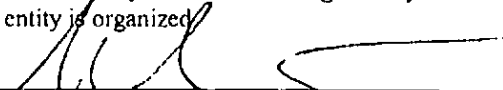
\_\_\_\_\_

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>
<u>Officer</u>	<u>Gordon Hicks</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Jim Neal</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Andrew McLachlin</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Mark Marquis</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Brian Fellows</u>	<u>210 S. Hudson, Suite 380</u>	<input checked="" type="checkbox"/> Add
		<u>Seattle, WA 98134</u>	<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

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

Andrew McLachlin

Typed or printed name of signee

Filing Fee: \$25.00