

(I	Requestor's Name)
	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	Business Entity Name)
7)	Document Number)
Certified Copies	Certificates of Status
Special Instructions	o Filing Officer:





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...-7" 9:26

R IVHITE AUG 1 7 2020 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 349483 7227883
AUTHORIZATION: Equilibries
COST LIMIT : \$ 25.00
ORDER DATE : July 13, 2020
ORDER TIME : 11:52 AM
ORDER NO. : 349483-070
CUSTOMER NO: 7227883
FOREIGN FILINGS
NAME: NAVISITE LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

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		'
State: Navisite LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable:		;;
(Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	pility company is: M16000006	5769
Jurisdiction of its organization:		
4. Date authorized to do business in Florida: 08/1		<u> </u>
SECTION II (5-9 complete only the applicable c	hanges)	
5. New name of the limited liability company: Na (must	visite OPCO LLC contain "Limited Liability Cor	npany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the al	ousiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our recorded dress here:	s. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registed document is being filed to merely reflect a change in liability company has been notified in writing of this	gistered Agent: I and agree to act in this capac and complete performance of m red agent as provided for in Cl In the registered office address,	ity. I further agree to comply with y duties, and I am familiar with hapter 605, F.S. Or, if this

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			DAdd	
			□Remov	
			□Add	
			□Remov	
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			□Remov	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			□Remov	
			DAdd	
aforementioned am-	ne law of which this entity is organ	the official having custody of records in th nized.	□Remov	
	Arthur Joseph Signature of	the authorized representative		

Filing Fee: \$25.00

<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 "NAVISITE LLC", FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NAVISITE OPCO

LLC" ON THE SEVENTEENTH DAY OF MARCH, A.D. 2020, AT 11:11

O'CLOCK A.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: 203405679

Date: 08-04-20

2985020 8320 SR# 20206574915

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 ap	pears on the records of the Florida De	partment of
State: Navisite LLC		
Enter new principal office address, if applicab	ole:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		<u> </u>
Enter new mailing address, if applicable:		2.2
(Mailing address MAY BE A POST OFFICE BOX)		··.
2. The Florida document number of this limite	ed liability company is: M160000067	69
Dolowara		
3. Jurisdiction of its organization: Delaware		<u> </u>
4. Date authorized to do business in Florida:	08/17/2016	
SECTION II (5-9 complete only the applica		
5. New name of the limited liability company	.: Navisite OPCO LLC	
	must contain "Limited Liability Comp	pany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name ado copy of the written consent of the managers or must contain "Limited Liability Company," "I 6. If amending the registered agent and/or registered agent and/or registered agent.	r managing members adopting the alte	rnate name. The alternate name
registered agent and/or the new registered office	ce address here:	enter tire mante or tire me
Name of New Registered Agent:		
New Registered Office Address:	41 41	
	Enter Florida l	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered the provisions of all statutes relative to the provision as reducument is being filed to merely reflect a challiability company has been notified in writing of	g Registered Agent: agent and agree to act in this capacity oper and complete performance of my egistered agent as provided for in Cha	v. I further agree to comply with duties, and I am familiar with apter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

tle/ Capacity	<u>Name</u>	Address	Type of Actio
			□Remo
			□Add
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aforementioned amo	cate, if required: no more than 90 day endment(s), duly authenticated by the law of which this entity is organize	official having custody of records	□Remo

Filing Fee: \$25.00

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