

M170000002933

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.

(((H18000008263 3)))



H18000008263ABC

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To: Division of Corporations
Fax Number : (850)617-0383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

18 JAN - 8 PM 2:49
RECEIVED
SOUTH FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGILITY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
JAN - 8 2018

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: Agility 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: M17000002933

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/5/2017

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

5. New name of the limited liability company: Accenture Flex LLC
(must contain "Limited Liability Company," "L.L.C.,"

(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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18 JAN - 5 PM 2:49
TALLAHASSEE, FLORIDA

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

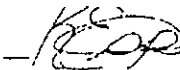
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

18 JAN - 8 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

Kristen Espinales, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AGILITY SERVICES LLC", CHANGING ITS NAME FROM "AGILITY SERVICES LLC" TO "ACCENTURE FLEX LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF JANUARY, A.D. 2018, AT 10:11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE EIGHTH DAY OF JANUARY, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

6285078 8100
SR# 20180077265

Authentication: 201925631
Date: 01-05-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:11 AM 01/05/2018
FILED 10:11 AM 01/05/2018
SR 20180077265 - File Number 6185078

CERTIFICATE OF AMENDMENT

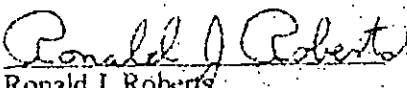
OF

AGILITY SERVICES LLC

1. Name of Limited Liability Company: **Agility Services LLC.**
2. The Certificate of Formation of the limited liability company is hereby amended with effect as of January 8, 2018 as follows:
 1. The name of the limited liability company is:

Accenture Flex LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation this 4th day of January, 2018.

By: 
Name: Ronald J. Roberts
Title: Secretary