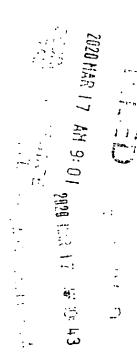
M18000011463

(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



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O SIMMONS MAR 1 8 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

and the same

ACCOUNT NO. : I2000000195 REFERENCE : 232157 7906508 AUTHORIZATION COST LIMIT C ORDER DATE: March 16, 2020 ORDER TIME : 9:09 AM ORDER NO. : 232157-015 CUSTOMER NO: 7906508 FOREIGN FILINGS NAME: ACI USA, 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 CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACI USA, LLC	
Name of Foreign	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Paul Kestenbaum	
Name of Person	
QualTek Fulfillment LLC	
Firm/Company	
1150 First Avenue, Suite 60	00
Address	
King of Prussia, PA 19406	
City/State and Zip Code	
legal@qualtekservices.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
Paul Kestenbaum	at (484) 804-4500
Name of Person	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: \$\begin{align*}	: \$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	

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)

Enter new principal office address, if applicable:	20
(Principal office address	2020 H/R
MUST BE A STREET ADDRESS)	70
C-4	
Enter new mailing address, if applicable:	<u> </u>
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liabil	hity company is: M18000011463
3. Jurisdiction of its organization: Delaware	
1. Date authorized to do business in Florida: 12-19	9-2018
SECTION II (5-9 complete only the applicable cha	anges)
^	
i. New name of the limited liability company: (must co	alTek Fulfillment LLC ontain "Limited Liability Company, ""L.L.C.," or "LLC.")
(must constant of the managers or managers)	ontain "Limited Liability Company, ""L.L.C.," or "LLC.") r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name
(must contain "Limited Liability Company," "L.L.C." If amending the registered agent and/or registered of	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
If name unavailable, enter alternate name adopted for sopy of the written consent of the managers or managers or managers contain "Limited Liability Company," "L.L.C." i. If amending the registered agent and/or registered of the new registered office addressed agent and/or the new registered office addresses.	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managers of the managers or managers of the managers or managers of the contain "Limited Liability Company," "L.L.C." If amending the registered agent and/or registered of the contain and/or the new registered office addresses of New Registered Agent:	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.") officer address on our records, enter the name of the new ess here:
If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managers of the managers or managers of the managers or managers of the contain "Limited Liability Company," "L.L.C." If amending the registered agent and/or registered of the contain and/or the new registered office addresses of New Registered Agent:	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managers are must contain "Limited Liability Company," "L.L.C." If amending the registered agent and/or registered of cegistered agent and/or the new registered office addresses agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent age	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.") officer address on our records, enter the name of the new ess here: Enter Florida Street Address , Florida
If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managers or managers contain "Limited Liability Company," "L.L.C."	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.") officer address on our records, enter the name of the new ess here: Finter Florida Street Address

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
le/ Capacity	Name	Address	Type of Action	
			□Add	
			Remov	
			. 7	
			Romov	
			Add	
			Remov	
			Add	
			Remove	
	·		Add	
forementioned am-	cate, if required: no more than 90 endment(s), duly authenticated by ne law of which this entity is organ	the official having custody of recor	Remove	

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'ACI USA, LLC', FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'QUALTEK

FULFILLMENT LLC' ON THE TWENTIETH DAY OF DECEMBER, A.D. 2019, AT

5:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2020.

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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALTEK FULFILLMENT LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018.



Authentication: 202596089

Date: 03-16-20