

MO6 000001360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

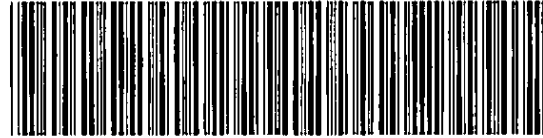
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352186314

RECEIVED

SEP 21 2020

09/22/20--01013--009 **25.00

FILED
2020 SEP 21 PM 6:29
CLERK OF COURT
HALLAMSBURG, MO

OCT 29 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENTERPRISE SERVICES ADMINISTRATIVE SERVICES 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:

Anna Filak

Name of Person

TMF Group USA, Inc.

Firm/Company

1816 Naamans Creek Road

Address

Ogden, PA 19061

City/State and Zip Code

coscc@tmf-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Filak

Name of Person

at (302) 5304680

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: ENTERPRISE SERVICES ADMINISTRATIVE 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: M06000001360

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/08/2006

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

5. New name of the limited liability company: DXC US Administrative 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:

Thereby 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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FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE
AND ADMINISTRATIVE SERVICES

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:

Add a member to the LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Christopher E. Digan	1755 Tysons Blvd. Tysons, VA 22102	<input checked="" 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.

W. L. Deckelman, Jr. Signature of the authorized representative

William L. Deckelman, Jr.

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 THAT THE SAID "ENTERPRISE SERVICES ADMINISTRATIVE SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DXC US ADMINISTRATIVE SERVICES LLC" ON THE ELEVENTH DAY OF MARCH, A.D. 2020, AT 2:42 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 APRIL, A.D. 2020.


Jeffrey W. Bullock, Secretary of State

4043446 8320
SR# 20206846801

Authentication: 203505182
Date: 08-20-20

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