

F02 00000 3528

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

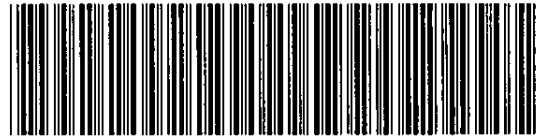
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TALLAHASSEE, FLORIDA

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15 AUG - 7 PM 4:28

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\*do not separate  
please

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

ACCOUNT NO. : I20000000195

REFERENCE : 703579 158753A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : July 10, 2015

ORDER TIME : 3:38 PM

ORDER NO. : 703579-035

CUSTOMER NO: 158753A

FOREIGN FILINGS

NAME: COLYAR TECHNOLOGIES  
SOLUTIONS, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       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: Courtney Williams -- EXT# 62935

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLYAR TECHNOLOGIES SOLUTIONS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denna M. Smith

\_\_\_\_\_  
Name of Contact Person

Golenbock Eiseman Assor Bell & Peskoe LLP

\_\_\_\_\_  
Firm/Company

437 Madison Avenue, 40th Floor

\_\_\_\_\_  
Address

New York, NY 10022

\_\_\_\_\_  
City/State and Zip Code

David.Schaefer@Colyar.com

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

For further information concerning this matter, please call:

Denna M. Smith

212

622-7161

\_\_\_\_\_  
Name of Contact Person

at ( )

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F02000003528

(Document number of corporation (if known))

1. COLYAR TECHNOLOGIES SOLUTIONS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. ARIZONA

(Incorporated under laws of)

3. JULY 10, 2002

(Date authorized to do business in Florida)

FILED  
15 AUG 07 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? MAY 21, 2015

5. COLYAR TECHNOLOGY SOLUTIONS, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

N/A

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

David S. Schaefer

(Typed or printed name of person signing)

Vice President

(Title of person signing)

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION DOES HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW:

**\*\* COLYAR TECHNOLOGIES SOLUTIONS, INC. \*\***

WAS INCORPORATED ON THE 19TH DAY OF MARCH, 1997.

I FURTHER CERTIFY THAT THE ABOVE NAMED CORPORATION CHANGED ITS NAME TO:

**\*\* COLYAR TECHNOLOGY SOLUTIONS, INC \*\***

ON THE 21ST DAY OF MAY, 2015, AS PROVIDED BY LAW.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, Capital, this 17 Day of July, 2015 A.D.



*Jodi A. Jerich*  
Jodi A. Jerich, Executive Director

By: *T. Alonzo*  
TRISH ALONZO