

F140000002956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

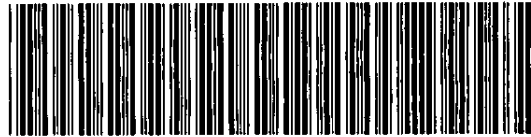
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JUL 13 AM 10:22

200287604192  
07/13/16--01015--007 \*\*35.00

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**CORPORATE  
ACCESS,  
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**WALK IN**

PICK UP:

7-13-16

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Amend

FILED STATE  
SECRETARY OF  
DIVISION OF  
16 JUL 13 11:10:22

1. Campusus, Inc.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAMPUSTVS, INC.

Name of Corporation

**DOCUMENT NUMBER:** F14000002956

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**LEANA GUZMAN**

Name of Contact Person

**REGISTERED AGENT SOLUTIONS, INC.**

Firm/Company

**1701 DIRECTOR BLVD SUITE 300**

Address

**AUSTIN, TX 78744**

City/State and Zip Code

**LGUZMAN@RASI.COM**

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

For further information concerning this matter, please call:

**LEANA GUZMAN**

Name of Contact Person

at ( **888** ) **705-7274**

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

RECEIVED  
DIVISION OF CORPORATIONS  
16 JUL 13 11:10:22

**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)**

F14000002956

(Document number of corporation (if known))

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
16 JUL 13 PM 10:22

1. CAMPUSTVS, INC.

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

2. DELAWARE

(Incorporated under laws of)

3. 07/10/2014

(Date authorized to do business in 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? \_\_\_\_\_

5. CAMPUSSIMS, 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)

(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.

\_\_\_\_\_  
(New duration)

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

\_\_\_\_\_  
(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.

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

JACLYN WRIGHT

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

# Delaware

The First State

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JUL 13 PM 10:22  
Page 10

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 RESTATED CERTIFICATE OF "CAMPUSTVS, INC.", CHANGING  
ITS NAME FROM "CAMPUSTVS, INC." TO "CAMPUSSIMS, INC.", FILED IN  
THIS OFFICE ON THE FIFTEENTH DAY OF APRIL, A.D. 2016, AT 11:48  
O'CLOCK A.M.



5508858 8100  
SR# 20164792571

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202611853  
Date: 07-06-16

**SPECIAL LIMITED POWER OF ATTORNEY**

I, Scott Pirrello, the duly authorized President & CEO of CAMPUSTVS, INC. (Company), a corporation formed under the laws of Delaware, does hereby make, constitute, and appoint Registered Agent Solutions, Inc., and each duly authorized representative of such entity, including without limitations Jaclyn Wright, Purity Mbogo, and/or Adam Saldaña, as my true and lawful attorney-in-fact with full right, power and authority for me, as an authorized officer/director or manager/member of the aforementioned Company and any subsidiaries as shown on the list appended hereto, if applicable, to act for the Company and any subsidiaries and in the name of the Company and any subsidiaries in order to effectuate a change in their registered agent, registered office, and/or the agent and office of similar import in any jurisdiction.

In the execution of any documents required for the limited purposes set forth above, Jaclyn Wright shall exercise the power of Vice President and Purity Mbogo or Adam Saldaña shall exercise the power of Secretary. In the case of the Company and any subsidiaries having managers or other positions of authority, the named individuals shall act in such office and with such authority as is required to effect the changes set forth above.

This Special Limited Power of Attorney shall be effective as of the date set forth below and shall continue in effect for six months from the effective date. The Company may revoke this Special Limited Power of Attorney at any time by notice to Jaclyn Wright, Purity Mbogo, and/or Adam Saldaña.

IN WITNESS WHEREOF, I, Scott Pirrello have set my hand this 27 day of June, 2016.

  
Signature

Name: Scott Pirrello

Title: President & CEO

State of MA  
County of Suffolk

On 27 June, 2016 before me, the undersigned, a Notary Public in and for said State, personally appeared Scott Pirrello, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.

  
Signature

Notary Public: 11/6/2020

