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Office Use Only



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2022 DEC -9 AM 9: 11 SECRETARY OF STATE TALLAHASSEE, FL

18/09/23 -- 01015 -- 014 ++ 35.00

2022 DES -9 ANTH: 20

12/12/2022

CORPORATE When you need ACCESS to the world

ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

|     | CERTIFIED COPY           |                   |
|-----|--------------------------|-------------------|
| ζ.  | РНОТОСОРУ                |                   |
|     | CUS                      |                   |
| ζ.  | FILING                   | FOREIGN INC AMEND |
|     | CORPORATE NAME AND DOCUM |                   |
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## **COVER LETTER**

|                     | Nam  | e of Corporation                      |  |
|---------------------|--|---------------------------------------|--|
|                     | JMBER:                                       |                                       |  |
| The enclosed Ame    | endment and fee are submitted for            | filing.                               |  |
| Please return all e | orrespondence concerning this ma             | atter to the following:               |  |
|                     | Name of Contact Person                       |                                       |  |
| Registered Agent    | Solutions, Inc.                              |                                       |  |
|                     | Firm/Company                                 |                                       |  |
| 5301 Southwest P    | arkway, Suite 400                            |                                       |  |
|                     | Address                                      | · <u>-</u>                            |  |
| Austin, TX 78735    |  |                                       |  |
|                     | City/State and Zip Code                      |                                       |  |
| E-mail addre        | ess: (10 be used for future annual r         | eport notification)                   |  |
| For further inform  | ation concerning this matter, plea           | se call;                              |  |
| Name                | e of Contact Person                          | at () Area Code & Daytime             | Telephone Number   |
| Enclosed is a chec  | k for the following amount:                  |                                       |  |
| 3\$35 Filing Fee    | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

Mailing Address:

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

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

## 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)

| 2022 DEC -9 | AM   | 9: | 11 |
|-------------|------|----|----|
| SECRETARY   | ئان  | TA | TE |
| TALLAHAS    | SEE. | FI |    |

| F220000  | 02932   | TALLAHASSEE. FL                            |
|--|---|--|
|  | (Document number of corporation (if known)                            | ——— MASSEE, FL                             |
| TECHNICOLOR VIDEOCASSETTE OF M   | ICHIGAN, INC.   |  |
|  | oration as it appears on the records of the Depart                    | tment of State)                            |
| 2  | 3. 05/10/2022   |  |
| (Incorporated under laws   | (Date author  | rized to do business in Florida)           |
| (4-7 CO  | SECTION II<br>MPLETE ONLY THE APPLICABLE CHA                          | NGES)                                      |
| 4. If the amendment changes the name of the co<br>incorporation? 11/16/2022                  | prporation, when was the change effected under                        | the laws of its jurisdiction of            |
| VANTIVA SCS MEMPHIS, INC.  |   |  |
| (Name of corporation after the amendment, a not contained in new name of the corporation     | adding suffix "corporation," "company," or "inc<br>n)                 | orporated," or appropriate abbreviation, i |
| (If new name is unavailable in Florida, enter a  | alternate corporate name adopted for the purpos                       | e 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   | on of incorporation, indicate new jurisdiction.                       |  |
|  | (New jurisdiction)  |  |
| 3. If amending the registered agent and/or renew registered agent and/or the new registered. | gistered office address in Florida, enter the refered office address: | name of the                                |
| Name of New Registered Agent   |   | <del></del>                                |
| <del></del>  | (Florida street address)  |  |
| New Registered Office Address:   |   | Florida                                    |
|  | (City)  | (Zip Code)                                 |
| New Registered Agent's Signature, if char  | iging Registered Agent:   |  |
| r nevery accept the appointment as registered  | d agent. I am familiar with and accept the obli                       | gations of the position.                   |

Signature of New Registered Agent, if changing

| itle/ Capacity                                     | <u>Name</u>              | Address  | Type of Action  |
|--|--------------------------|--|---|
|  |                          |  | Add   |
|  |                          |  | Remove  |
|  |                          |  |   |
|  |                          |  | Remove  |
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|  | <del></del>              |  |   |
|  |                          |  | <b>_</b>  |
| Attached is a certification to under the laws of w | ſ <b>.</b>               |  | ated not more than 90 days prior to deli<br>ustody of corporate records in the jurisdic |
|  |                          | icia bave  |   |
|  | (Signature of a director | or, president or other officer - if in to<br>our appointed fiduciary, by that fidu | he hands of   |

FILING FEE \$35.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TECHNICOLOR
VIDEOCASSETTE OF MICHIGAN, INC.", FILED A CERTIFICATE OF
AMENDMENT, CHANGING ITS NAME TO "VANTIVA SCS MEMPHIS, INC." ON
THE SIXTEENTH DAY OF NOVEMBER, A.D. 2022, AT 7:25 O'CLOCK P.M.



Authentication: 204909870

Date: 11-21-22

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VANTIVA SCS MEMPHIS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VANTIVA SCS MEMPHIS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/auth

Authentication: 204909863

Date: 11-21-22

2131414 8300

SR# 20224074703