

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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***PLEASE NOTE
EFFECTIVE DATE OF
10/01/2018!****

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

***PLEASE NOTE
EFFECTIVE DATE OF
10/01/2018!****

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMPLIANCE NETWORKS, L.L.C.

***PLEASE NOTE
EFFECTIVE DATE OF
10/01/2018!****

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

***PLEASE NOTE
EFFECTIVE DATE OF
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***PLEASE NOTE
EFFECTIVE DATE OF
10/01/2018!****

Electronic Filing Menu

Corporate Filing Menu

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**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: Compliance Networks, L.L.C.

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

14090 Southwest Freeway, Suite 300
Sugar Land, TX 77478

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: M02000000454

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/21/2002

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

5. New name of the limited liability company: Traverse Systems 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

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby 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

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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 18 SEP 14 AM 2:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

Terri Watts

Signature of the authorized representative

Terri Watts

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COMPLIANCE NETWORKS, L.L.C.", CHANGING ITS NAME FROM "COMPLIANCE NETWORKS, L.L.C." TO "TRAVERSE SYSTEMS LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2018, AT 6:10 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 OCTOBER, A.D. 2018.

FILED
18 SEP 14 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3154656 8100
SR# 20186603364

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

Authentication: 203404297
Date: 09-12-18

H18000268281 3

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:10 PM 09/11/2018
FILED 06:10 PM 09/11/2018

SR 20186603364 - File Number 3154656

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Compliance Networks, L.L.C.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Effective October 1, 2018 the name of the company shall be

Traverse Systems LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 11th day of September, A.D. 2018.

By: 

Authorized Person(s)

Name: David Watts

Print or Type

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18 SEP 14 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA