(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL 、
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300285923813

05/18/16--01001--019 \*\*25.00

18 MAY 18 AM 10: 03

MAY 1 9 2016 S. YOUNG May 18, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 70619160 WO

Customer Reference 1:

Name Change

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

CSRA Systems & Solutions LLC (DE)

**Evidence of Amendment** 

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com SECULTARY OF STATES

## 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: CSC Systems & Solutions LLC	
2. The Florida document number of this limited liability company is: M02000000611	_
3. Jurisdiction of its organization: Delaware	ر ا ا
3. Jurisdiction of its organization: Delaware  4. Date authorized to do business in Florida: 03/04/2002	CLIVENDOLL
SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company: CSRA Systems & Solutions LLC	1
5. New name of the limited liability company: CSRA Systems & Solutions 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 office 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	
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 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	to
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	

	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
<u> </u>			□ Add∞
			Remáye
			□ Add
			□ Remove
aforemention	certificate, if required: no more ed amendment(s), duly authentic nder the law of which this entity	cated by the official having custor is organized.	

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 "CSC SYSTEMS &
SOLUTIONS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "CSRA SYSTEMS & SOLUTIONS LLC" ON THE EIGHTEENTH DAY OF
APRIL, A.D. 2016, AT 4:15 O'CLOCK P.M.

SECRETARY 18 AH 10: 03



Authentication: 202331471 Date: 05-17-16

838306 8320 SR# 20163305744

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