

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000057161 3)))



H110000571613ABQW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED

11 MAR -3 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIDELITY EMPLOYER SERVICES COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -3 AM 9:50

FILED

B. BOSTICK
MAR -4-2010
EXAMINER

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of
State: Fidelity Employer Services Company LLC

2. Jurisdiction of its organization: Delaware

MO2000001785

3. Date authorized to do business in Florida: 07/09/2002

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization? 12/08/2010

5. New name of the limited liability company: Fidelity Workplace Services LLC
(must end with "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 end with "Limited Liability Company," "L.L.C.,"
or "LLC.")

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the
correction:

9. Attached is an original certificate, 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.


Signature of a member of the authorized representative of a member

Peter D. Stahl, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

FILED
11 MAR - 3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FIDELITY EMPLOYER SERVICES COMPANY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FIDELITY WORKPLACE SERVICES LLC", THE THIRD DAY OF MARCH, A.D. 2010, AT 4:39 O'CLOCK P.M.

FILED

11 MAR -3 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3236165 8320

110256762

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8597927

DATE: 03-03-11