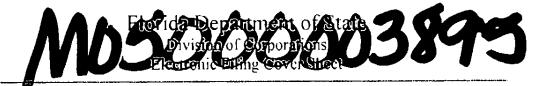
4/9/2020

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual

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L	report	mailings.	Enter	only	one	email	address	please.	**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALSERVICES, LLC

Certificate of Status	0
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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	рерапп	
State: PAI Services, LLC	- ·	020
2. The Florida document number of this limited liability company is: M05000003895		6- 34V 0202
3. Jurisdiction of its organization: Delaware		<u> </u>
4. Date authorized to do business in Florida: 07/14/2005	·. · <u>.</u>	
SECTION II (5-9 complete only the applicable changes)		CJ
5. New name of the limited liability company: iSolved HCM Services, LLC (must contain "Limited Liability Company," "L1	C.," or "	LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must contain "Li Company," "L.L.C." or "LLC.")  6. If amending the registered agent and/or registered office address on our records, entering new registered agent and/or the new registered office address here:	imited Liat	onity
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
Name of New Registered Agent:  New Registered Office Address:  Ever Florida Street Address:		
New Registered Office Address:	Zip C.	ude .
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete perform duties, and I am familiar with and accept the obligations of my position as registered provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect registered office address, I hereby confirm that the limited liability company has bee writing of this change.	nance of d agent of a chang n notifie	f my as ge in the
New Registered Office Address:    Four Florida Street Address	nance of d agent of a chang n notifie	f my as ge in the

litle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			APPInove
			AH-
			□ Remove
			Remove
			Add
			□ Remove
aforementioned	ertificate, if required: no more to amendment(s), duly authentic ter the law of which this entity Shane Whillington	han 90 days old, evidencing the ated by the official having cust is organized.	e ody of records in the

Typed or printed name of signee

Shane Whittington

Filing Fee: \$25.00

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'PAI SERVICES, LLC',
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'ISOLVED
HCM SERVICES, LLC' ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2020,
AT 8:24 O'CLOCK A.M.



Authentication: 202738338

Date: 04-08-20