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· (((H16000128019 3)))



H160001280193ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 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. **

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SUNGARD BUSINESS SYSTEMS LLC

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Corporate Filing Menu

COVER LETTER

	Registration Division of	Section Corporations			
SUBJEC	SunGa	rd Business Systems LLC			·
SOBJEC		Name of Foreig	n Limited Liab	oility Comp	any
Dear Sir	or Madam	;			
The encl	osed applic	ation, certificate and fec(s)	are submitted	for filing.	
Please re	cturn all cor	respondence concerning thi	s matter to the	following:	
Wanda Si	mith				
		Name of Person			
FI\$					
		Firm/Company		_	
601 Rive	rside Ave.				
		Address			
Jacksonv	rille, FL 3220	4			
		City/State and Zip Code	;	_	
wanda.sm	nith@fisglob	al.com			
E-mai	l address: (1	to be used for future annual	report notifica	tion)	
For furth	ner informat	tion concerning this matter,	please call:		
Wanda Si		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	at (438-6221	
	Nan	ne of Person		e & Daytim	e Telephone Number
. \$	STREET/C	OURIER ADDRESS:		MAILI	ING ADDRESS:
	Registration				ation Section
		Corporations			n of Corporations
	Clifton Buil			P.O. Bo	
		tive Center Circle Florida 32301		i allaha	ssee, Florida 32314
	d is a check filing Fee	for the following amount \$\sum \\$30 \text{ Filing Fee &}\$	🔲 \$55 Fili	ing Fee &	\$60 Filing Fee,
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5/25/2016 9:22:32 AM PAGE 1/001 Fax Server



May 25, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUNGARD BUSINESS SYSTEMS LLC 601 WALNUT STREET SUITE 1010 PHILADELPHIA, PA 19106

SUBJECT: SUNGARD BUSINESS SYSTEMS LLC

REF: M05000005629

16 MAY 24 PM 3: 43 SECRETARY OF STATE TALL AHASSIF, FLORID

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000128019 Letter Number: 416A00011028

ZOLGHAY 25 PH 12: 14

PLONELMRY OF STATE

ALLAHASSEE, FLORIDA

PRESIDENTA Mosso mich a gini Co dala di sumision <u>su</u>

P.O BOX 6327 - Tallahassee, Florida 32314

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)

Name of limited liability Company as it appear State: SUNGARD BUSINESS SYSTEMS LLC	•	tment of				
Enter new principal office address, if applicable:	601 Riverside Ave.					
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32204					
Enter new mailing address, if applicable:	601 Riverside Ave.					
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Jacksonville, FL 32204	FL 38				
2. The Florida document number of this limited lia	bility company is: M05000005629	2 P				
3. Jurisdiction of its organization: Deleware						
4. Date authorized to do business in Florida: 10/0	6/2005					
5. New name of the limited liability company: FI (mus	- ·	y, " "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the alterna	ess in Florida and attach a te name. The alternate name				
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.	ed officer address on our records, <u>ent</u> ddress here:	er the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida Stre	nat Addrans				
	, Florida					
·	City	Zip Code				
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I and complete performance of my du ered agent as provided for in Chapte in the registered office address, I her	ties, and I am familiar with er 605, F.S. Or, if this				

5/25/2016 12:09:04 PM From: To: 8506176383(5/6)

Manager Marc M Mayo 601 Riverside Ave., Jacksonville FL 32204 Manager Victoria Silbey 680 E Swedesford Rd, Wayne PA 19087 Manager David Singleton 680 E Swedesford Rd, Wayne PA 19087	e/ Capacity	Name	<u>Address</u>	ype of Action
Manager Marc M Mayo 601 Riverside Ave., Jacksonville FL 32204 Manager Victoria Silbey 680 E Swedesford Rd, Wayne PA 19087 Manager David Singleton 680 E Swedesford Rd, Wayne PA 19087 Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087	nager	Michael P Oates	601 Riverside Ave., Jacksonville FL 32204	_⊠Add
Manager Victoria Silbey 680 E Swedesford Rd, Wayne PA 19087 Manager David Singleton 680 E Swedesford Rd, Wayne PA 19087 Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087 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				Remov
Manager David Singleton 680 E Swedesford Rd, Wayne PA 19087 Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087 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	nager ——	Marc M Mayo	601 Riverside Ave., Jacksonville FL 32204	⊠Add
Manager David Singleton 680 E Swedesford Rd, Wayne PA 19087 Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087 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	•	•		Remov
Manager David Singleton 680 E Swedesford Rd, Wayne PA 19087 Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087 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	nager	Victoria Silbey	680 E Swedesford Rd, Wayne PA 19087	Add
Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087 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		•		_⊠ Remov
Manager Leslie Brush 680 E Swedesford Rd, Wayne PA 19087 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	nager	David Singleton	680 E Swedesford Rd, Wayne PA 19087	Add
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	·		·	Remove
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	nager	Leslie Brush	680 E Swedesford Rd, Wayne PA 19087	Add
aforementioned amendment(s), duly authenticated by the official having custody of records in the		•		⊠ Remov
Signature of the authorized representative	aforemention	ned amendment(s), duly authenticate ander the law of which this entiry is the state of the state	d by the official having custody of records in the organized.	16 HAY 2 SECREDA
Marc M Mayo, Manager Typed or printed name of signee			-	24 PH

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUNGARD BUSINESS SYSTEMS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FIS BUSINESS SYSTEMS LLC" ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2016, AT 5:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF JANUARY, A.D. 2016.

Authentication: 202379782 Date: 05-25-16

4014449 8320 SR# 20163718092

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