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.

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

	Division of Cor	porations	
	Fax Number	: (850)617-6383	
From:		$oldsymbol{arPi}_{n}$	2 i
	Account Name	: MARKO & MAGOLNICK, P.A.	2019 FEB
	Account Number	: I20050000186 27	7
	Phone	: (305)285-2000	Β.
	Fax Number	: (305)285-5555 SA	5
**Ent	er the email add	ress for this business entity to be used for futur	e A
2.11	annual report ma	ilings. Enter only one email address please.**	9:
	Email Address:	57	20

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTORS TRUST ADMINISTRATION LLC

Certificate of Status	0
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T. CLINE

EXAMINER

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(((H19000041922 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

DMML

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the	e records of the Florida Department of				
State: INVESTORS TRUST ADMINIST	FRATION LLC				
Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	•				
,					
Enter new mailing address, if applicable: (Mailing address)	2018 F				
MAY BE A POST OFFICE BUX)	THE THE				
2. The Florida document number of this limited liability of	company is: M06000002731 ☐ 🔄 👺				
3. Jurisdiction of its organization: Delaware	9: 20 DRIVE				
4. Date authorized to do business in Florida: May 10	, 2006				
SECTION II (5-9 complete only the applicable change					
5. New name of the limited liability company: ITA G	LOBAL SERVICES LLC				
(must conta	in "Limited Liability Company, " "L.L.C.," or "Ll.C.")				
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or " 6. If amending the registered agent and/or registered office registered agent and/or the new registered office address.	members adopting the alternate name. The alternate name (LLC.") ter address on our records, enter the name of the new				
Name of New Registered Agent:	·				
New Registered Office Address:					
Enter Florida Street Address					
	City , Florida Zip Code				
the provisions of all statutes relative to the proper and cound accept the obligations of my position as registered a	agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with gent as provided for in Chapter 605, F.S. Or, if this registered office address, I hereby confirm that the limited				
If Changin	ng Registered Agent, Signature of New Registered Agent				

8. If the amendment	changes person, title or capacity in ac	cordance with 605.0902 (1)(e), indica	te that change:
Tide/ Capacity	Name	Address	Type of Action
			∏∧dd
			Remove
			Add
			2019 1100 1100 1100 1100 1100 1100 1100
			FEB - Se AM
			S Add 20 Remove
			Add
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aforementioned ar	ficate, if required: no more than 90 mendment(s), duly authenticated by the law of which this entity is organ	the official having custody of record	s in the
	Shristian Burm	eister	

1



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ITA GLOBAL SERVICES, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2019.

3842478 8300
SR# 20190704855
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202195119

Date: 02-04-19