

MO9000000158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

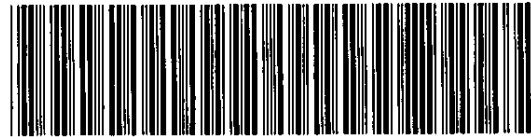
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 09 2015

S. YOUNG

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 4/8/15**

**NAME: ROADLINK WORKFORCE SOLUTIONS, L.L.C.**

**TYPE OF FILING: AMENDMENT**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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15 APR -8 AM 11:48  
PROCLAMATION STATE  
TALLAHASSEE, FL 32301

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attoche*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RoadLink Workforce Solutions, L.L.C.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peggy Calder

Name of Person

Capitol Services - Corporate Filing Section

Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

jparu@pinnaclewl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Calder

Name of Person

at 800

255-4052

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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15 MAR -8 AM 11:48  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

**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: RoadLink Workforce Solutions, L.L.C.
2. The Florida document number of this limited liability company is: M09000000158
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 01/13/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Pinnacle Workforce Logistics, L.L.C.  
(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: Capitol Corporate Services, Inc.

New Registered Office Address: 155 OFFICE PLAZA DR STE A  
Enter Florida Street Address

Tallahassee, Florida 32301  
City Zip Code

**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 to 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.*

*Peggy Calder*

Peggy Calder, Assistant Secretary  
on behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

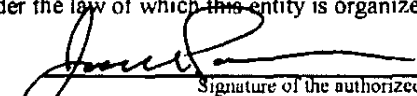
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- \_\_\_\_\_

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. 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 jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Jason M. Paru, Vice President**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

15 APR -8 AM 11:49

FILED

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ROADLINK WORKFORCE SOLUTIONS, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PINNACLE WORKFORCE LOGISTICS, L.L.C.", THE EIGHTH DAY OF AUGUST, A.D. 2014, AT 8:05 O'CLOCK A.M.

FILED

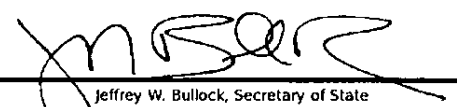
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SECRETARY OF STATE  
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2269087

DATE: 04-07-15