

M10000001039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300354679403

RECEIVED
2020 NOV -3 PM 12:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 NOV -3 AM 8:29
TALLAHASSEE, FLORIDA

NOV 4 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/03/2020

Name: Chris Vick

Reference #: 1276244

Entity Name: DXC MS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$55.00

Signature: [Signature]

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
O: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #501972
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 11/03/2020

Name: Chris Vick

Reference #: 1276244

Entity Name: DXC MS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$55.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DXC MS LLC
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:

Milagros Lopez
Name of Person

Schulte Roth & Zabel LLP
Firm/Company

919 Third Avenue
Address

New York, NY 10022
City/State and Zip Code

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

For further information concerning this matter, please call:

Milagros Lopez at (516) 567-2078
Name of Person 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

**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: DXC MS LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M10000001039

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 03/05/2010

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

5. New name of the limited liability company: Gainwell Technologies LLC
(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 officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<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.

Stephen C. Costalas
Signature of the authorized representative

Steve Costalas, General Counsel and Secretary of Member
Typed or printed name of signee

Filing Fee: \$25.00

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GAINWELL TECHNOLOGIES LLC

FILE NUMBER: 200935110099
FORMATION DATE: 12/17/2009
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The entity is authorized to exercise all of its powers, rights and
privileges in California.

This certificate relates to the status of the entity on the Secretary
of State's records and does not reflect documents that are pending
review or other events that may affect status.

No information is available from this office regarding the financial
condition, status of licenses, if any, business activities or
practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
October 22, 2020.

ALEX PADILLA
Secretary of State

CFG

State of California
Secretary of State

Certificate of Filing of All Documents

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: GAINWELL TECHNOLOGIES LLC

File Number: 200935110099
Registration Date: 12/17/2009
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA

All business entity documents recorded in this office for said entity are:

Document Type: FORMATION
File Date: 12/17/2009
Effective Date: 12/17/2009

Document Type: AMENDMENT
File Date: 11/29/2018
Effective Date: 11/29/2018
Entity Name Changed From:
MOLINA INFORMATION SYSTEMS, LLC

Document Type: STATEMENT OF INFORMATION
File Date: 08/08/2019
Effective Date: 08/08/2019

Document Type: STATEMENT OF INFORMATION
File Date: 10/08/2020
Effective Date: 10/08/2020

Document Type: AMENDMENT
File Date: 10/09/2020
Effective Date: 10/09/2020
Entity Name Changed From:
DXC MS LLC

** **** ***** ***** End of list ***** ***** **** **

State of California
Secretary of State

Page 2 of 2

Re: 200935110099



IN WITNESS WHEREOF, I execute this certificate and
affix the Great Seal of the State of California this day
of October 22, 2020.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

Visit bizfile.sos.ca.gov for information about obtaining a copy of a
filed document. CFG