

2/4/2020

Division of Corporations

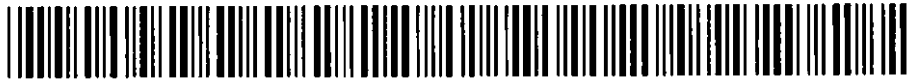
Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BERNEY OFFICE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Corporate Filing Menu

SULKER

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FEB 05 2020

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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 Department of

State: BERNEYOFFICESOLUTIONS.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: M110000003937

3. Jurisdiction of its organization: ALABAMA

4. Date authorized to do business in Florida: 09/03/2010

## SECTION II (5-9 complete only if applicable changes)

5. New name of the limited liability company: XEROXBUSINESSSOLUTIONSSOUTHEAST.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

FILED

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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)(c), indicate that change:

---

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REDWARD BASS	8701 FLORIDA MINING BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33634	<input checked="" type="checkbox"/> Remove
MGR	HEATHER CASAGRANDE	8701 FLORIDA MINING BLVD	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
MGR	SHEILA ROSENBLATT	8701 FLORIDA MINING BLVD	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33634	<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.

Heather Casagrande

Signature of the authorized representative

HEATHER CASAGRANDE/MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

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**STATE OF ALABAMA****DOMESTIC LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

**PURPOSE:** In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed.

**INSTRUCTIONS:** Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$50.00 for standard processing and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

(For County Probate Office Use Only)

**This form must be typed or laser printed.**

1. The name of the Limited Liability Company from the Certificate of Formation:

BERNEY OFFICE SOLUTIONS, LLC

2. The date the Certificate of Formation was filed in the county: 03 / 02 / 2002 (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): 234 - 130 **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov), click Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity - this verification step is strongly recommended.

(For SOS Use Only)

This form was prepared by: (type name and full address)

Denise Rizzo  
8701 Florida Mining Blvd., Tampa, FL 33634

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**DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT**

4. The titles, dates, and places of filing of any previous Amendments: \_\_\_\_\_

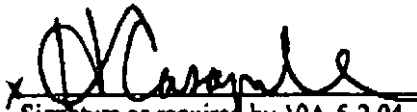
Attach a listing if necessary.

[Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State must be attached.

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as a Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.]

5. The following amendment was adopted on 12 / 11 / 2019 (format MM/DD/YYYY):Article I: The name of the limited liability company is "Xerox Business Solutions Southeast, LLC"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Additional Amendments and the dates on which they were adopted are attached.6. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the *Code of Alabama* of 1975 and the governing documents of this entity.

01 / 10 / 2020  
Date (MM/DD/YYYY)

  
Signature as required by 10A-5-2.04

Heather Casagrande  
Typed Name of Above Signature

Manager  
Typed Title/Capacity to Sign under 10A-5-2.04

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John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**Xerox Business Solutions Southeast, LLC**

This name reservation is for the exclusive use of Xerox Business Solutions, Inc., 8701 FLORIDA MINING BLVD, TAMPA, FL 33634 for a period of one year beginning January 07, 2020 and expiring January 07, 2021



STATE OF ALA. MONTGOMERY CO.  
I CERTIFY THIS INSTRUMENT WAS FILED ON  
CORP 00379 PG 0584-0586 2020 Jan 22 04:23PM  
J C LOVE, III  
JUDGE OF PROBATE

INDEX	\$5.00
REC FEE	\$25.00
CERT	\$0.00
CHECK TOTAL	\$30.00
358727	Clerk: #101 04:23PM



RES867026

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

January 07, 2020

Date

John H. Merrill

Secretary of State