

MI 000000319

✱

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

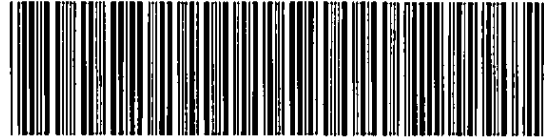
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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REV 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Convergys CMG Insurance Services 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:

Tatiana Prado

Name of Person

Concentrix Corporation

Firm/Company

44201 Nobel Drive

Address

Fremont, CA. 94538

City/State and Zip Code

tatiana.prado@concentrix.com

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

For further information concerning this matter, please call:

Tatiana Prado

Name of Person

at (510) 6673132

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

SECTION 1 (1-4 must be completed)

State: Convergys CMG Insurance Services LLC

Enter new principal office address, if applicable: N/A

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: M11000000319

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 01/24/2011

5. New name of the limited liability company: Concentrix CVG CMG Insurance Services LLC
(must contain "Limited Liability Company," "LLC," 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:

Emer Florida Street Address

Florida

Civ

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.

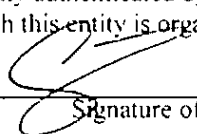
If Changing Registered Agent. Signature of New Registered Agent

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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove

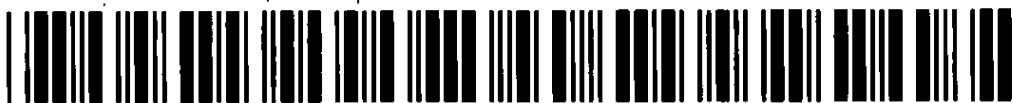
9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Andrew Farwig, Secretary

Typed or printed name of signee

Filing Fee: \$25.00



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/26/2019	201923501706	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

TATIANA PRADO
44051 NOBEL DRIVE
FREMONT, CA 94538

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
1986478

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CONCENTRIX CVG CMG INSURANCE SERVICES LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 08/23/2019

Document No(s):

201923501706



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
26th day of August, A.D. 2019.

Ohio Secretary of State