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06-15 23:31 EST

12122023573 From: Kimberly Laughrey

6/15/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
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: _____

RECEIVED

2017 JUN 14 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMERGENCY COMMUNICATIONS NETWORK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 15 2017

Y SULKER

**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: Emergency Communications Network, 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: MI1000005232

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/19/2011

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

5. New name of the limited liability company: OnSolve, LLC

(must contain "Limited Liability Company," "LLC," 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," "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: _____

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>
MGRM	OnSolve Intermediate Holding Company	780 W. Granada Boulevard, Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	ECN Intermediate Holding Company	780 W. Granada Boulevard, Ormond Beach, FL 32174	<input type="checkbox"/> Add
			<input checked="" 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.

Dain Kellum

Signature of the authorized representative

D. Wain Kellum

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "EMERGENCY
COMMUNICATIONS NETWORK, LLC", CHANGING ITS NAME FROM "EMERGENCY
COMMUNICATIONS NETWORK, LLC" TO "ONSOLVE, LLC", FILED IN THIS
OFFICE ON THE FIFTH DAY OF JUNE, A.D. 2017, AT 12:06 O'CLOCK
P.M.



5046375 8100
SR# 20174731900

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202702479
Date: 06-13-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:06 PM 06/05/2017
FILED 12:06 PM 06/05/2017
SR 20174576127 File Number: 5046375

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

EMERGENCY COMMUNICATIONS NETWORK, LLC

Pursuant to Section 18-202 of the
Delaware Limited Liability Company Act

1. The name of the limited liability company is Emergency Communications Network, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended to change the name of the Company to OnSolve, LLC.
3. Accordingly, Article 1. of the Certificate of Formation shall, as amended, read as follows:

"FIRST: The name of the limited liability company is OnSolve, LLC."

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Amendment this 5th day of May, 2017.

EMERGENCY COMMUNICATIONS
NETWORK, LLC

By: /s/ D. Wain Kellum
Name: D. Wain Kellum
Title: Authorized Person