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**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 : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CWS CONSULTING GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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2013 OCT -9 AM 8:09

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Corporate Filing Menu

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H130002247323

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CWS CONSULTING GROUP, 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:

Janice Null
Name of Person

Incorp Services, Inc.
Firm/Company

2360 Corporate Circle, Suite 400
Address

Henderson, NV 89074
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Null for Incorp Services, Inc. at (702) 866-2500
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

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: CWS CONSULTING GROUP, LLC
2. Jurisdiction of its organization: Massachusetts
3. Date authorized to do business in Florida: 02/20/2012

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 04/02/2013
5. New name of the limited liability company: Investment Consulting Associates NA, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")
6. If the amendment changes the period of duration, indicate new period of duration:

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, 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 a member of the authorized representative of a member

Christopher Steele

Typed or printed name of signee

Filing Fee: \$25.00

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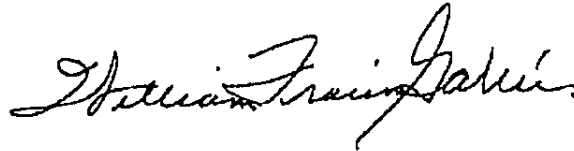
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MA SOC Filing Number: 201330603390 Date: 4/2/2013 9:04:00 AM

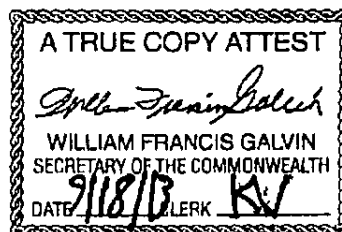
THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears
that the provisions of the General Laws relative to corporations have been complied with,
and I hereby approve said articles; and the filing fee having been paid, said articles are
deemed to have been filed with me on:

April 02, 2013 09:04 AM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

H130002247323

MA SOC Filing Number: 201330603390 Date: 4/2/2013 9:04:00 AM

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The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

[Special Filing Instructions](#)

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 264390465 (must be 9 digits)Annual Report Filing Year: 20131.a. Exact name of the limited liability company: CWS CONSULTING GROUP, LLC1.b. The exact name of the limited liability company as amended, is: INVESTMENT CONSULTING ASSOCIATES NA, LLC

2a. Location of its principal office:

No. and Street: 702 CHESTNUT STREET
 City or Town: WABAN State: MA Zip: 02468 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 702 CHESTNUT STREET
 City or Town: WABAN State: MA Zip: 02468 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO PROVIDE BUSINESS CONSULTING SERVICES, INCLUDING BUT NOT LIMITED TO SITE AND FACILITY SELECTION, AND TO ENGAGE IN ANY LAWFUL BUSINESS, PURPOSE, OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CHRISTOPHER STEELE
 No. and Street: 702 CHESTNUT STREET
 City or Town: WABAN State: MA Zip: 02468 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	CHRISTOPHER STEELE	702 CHESTNUT STREET WABAN, MA 02468 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

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Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:		
REAL PROPERTY	CHRISTOPHER STEELE	702 CHESTNUT STREET WABAN, MA 02458 USA
9. Additional matters:		
SIGNED UNDER THE PENALTIES OF PERJURY, this 2 Day of April, 2013, <u>CHRISTOPHER STEELE</u> , Signature of Authorized Signatory.		
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