

M12 000005156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/11/15--01018--018 **30.00

FILED
15 MAR 18 AM 8:57
MAR 18 2015

J. Chivers FEB 18 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2015

BRYAN GLAUS
28100 US HWY 19 N STE 204
CLEARWATER, FL 33761

SUBJECT: EDEGREEADVISOR, LLC
Ref. Number: M12000005196

We have received your document for EDEGREEADVISOR, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00003421

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDEGREEADVISOR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRYAN GLAUS

Name of Person

EDEGREEADVISOR LLC

Firm/Company

28100 US HIGHWAY 19 N STE 204

Address

CLEARWATER FL 33761

City/State and Zip Code

BGLAUS@EDEGREEADVISOR.COM

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

For further information concerning this matter, please call:

BRYAN GLAUS

at (**727**) **287-0428**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: EDEGREEADVISOR LLC
2. The Florida document number of this limited liability company is: M12000005196
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: 09/07/2012

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

5. New name of the limited liability company: CONNECTUS, 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 office 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

City

Florida

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>
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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

BRYAN GLAUS, CHIEF FINANCIAL OFFICER

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONNECTUS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONNECTUS, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

RECEIVED
15 MAR 18 AM 8:56
DEPARTMENT OF STATE
RECORDS & ADMINISTRATION

5186798 8300

150167284

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2105673

DATE: 02-09-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:15 AM 07/21/2014
FILED 09:15 AM 07/21/2014
SRV 140980907 - 5186798 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: EDEGREEADVISOR, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

EDEGREEADVISOR LLC is changing its name to Connectus, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of July, A.D. 2014.

By: [Signature]
Authorized Person(s)

Name: Bryan Glaus, CFO
Print or Type

15 MAR 18 AM 8:59