

M13000000403

(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:  
  
J. HORNE  
APR 30 2024

Office Use Only



800428482938

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2024 APR 29 AM 10:45  
2024 APR 29 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 04/29/2024

**\*\*WALK I.**

ENTITY NAME Convera USA

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*  
*Certificate of Status*  
*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

*W: e J*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Name of the limited liability company: CONVERA USA, LLC

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
7979 E. Tufts Ave. Suite 400 7979 E. Tufts Ave. Suite 400
Denver, CO 80237 Denver, CO 80237

01/04/2013 M13000000103

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

CCS Global Solutions, Inc.
NEW Registered Office Address:
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

FILED
2024 APR 29 AM 10:45

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company

Signature of a member or authorized representative of a member: Scott Johnson Printed or typed name of signee: Scott Johnson

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.

Signature of Registered Agent