M1300000195

| (Re | equestor's Name) | |
|-------------------------|---------------------|------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Ви | usiness Entity Nam | ne) |
| (Do | ocument Number) | . <u>-</u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | _ |
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Office Use Only



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S. WARREN JUL 0 7 2017

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: ACS Asset Manag | ement Group, LLC |
| Name of Foreign | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s) are | e submitted for filing. |
| Please return all correspondence concerning this i | matter to the following: |
| Stephanie Grossman | |
| Name of Person | |
| Conduent Business Services | s, LLC |
| Firm/Company | - |
| 2828 N. Haskell Ave., 9th | Floor |
| Address | |
| Dallas, TX 75204 | |
| City/State and Zip Code | |
| cbs.legal-corporate@conduc | ent.com |
| E-mail address: (to be used for future annual re | eport notification) |
| For further information concerning this matter, pl | lease call: |
| Stephanie Grossman | at (214) 841-6190 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee \$30 Filing Fee & Certificate of Status | S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

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 | · |
|---|--|
| State: ACS Asset Management Gr | oup, LLC |
| Enter new principal office address, if applicable: | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| 2. The Florida document number of this limited lial | bility company is: M1300000195 |
| 3. Jurisdiction of its organization: Delaware | |
| 4. Date authorized to do business in Florida: 1/9 | /2013 |
| SECTION II (5-9 complete only the applicable of | |
| 5. New name of the limited liability company: C | onduent Asset Management Group, LLC contain "Limited Liability Company," "L.L.C.," or "LLC.") |
| (must | contain "Limited Liability Company," "L.L.C.," or "LLC.") |
| | for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name "" or "LLC.") |
| registered agent and/or the new registered office ac | |
| Name of New Registered Agent: | |
| | Enter Florida Street Address = \(\frac{1}{2} \). \(\frac{1}{2} \) |
| | |
| | City Florida — — — — — — — — — — — — — — — — — — — |
| New Registered Agent's Signature, if changing Re- | gistered Agent: |
| I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as registe | at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited |

liability company has been notified in writing of this change.

| tle/ Capacity | <u>Name</u> | Address | Type of Action |
|-------------------|---|----------------------------------|----------------|
| | | | Add |
| | | | Remov |
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| | | | Remov |
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| | | | Remov |
| | | | Add |
| | | | Remove |
| | | | Add |
| aforementioned ar | ificate, if required: no more than 90 day mendment(s), duly authenticated by the the law of which this entity is organize | official having custody of recor | ds in the 17 |

Filing Fee: \$25.00

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ACS ASSET MANAGEMENT

GROUP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "CONDUENT ASSET MANAGEMENT GROUP, LLC" ON THE TWENTY-SIXTH

DAY OF JUNE, A.D. 2017, AT 12:16 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTIETH DAY OF JUNE, A.D. 2017 AT 11:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202823596

Date: 07-03-17