## 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 : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

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

Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EIKON CONSULTANT GROUP, LLC

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

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Corporate Filing Menu

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9/29/2015 12:57:53 PM From: To: 8506176383( 2/5 )

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: EIKON CONSULTANT GROUP, LLC Name of Foreign	Limited Liability Comp	any
Dear Sir or Madam:		
The enclosed application, certificate and fec(s) a	re submitted for filing.	
Please return all correspondence concerning this	_	
Name of Person		
C T Corporation System		
Firm/Company	······································	
1200 South Pine Island Road		
Address		
Plantation FL 33324		
City/State and Zip Code	,	
ct-statecommunications@wolterskluwer.com  E-mail address: (to be used for future annual to	eport notification)	
For further information concerning this matter, p	olease call:	
C T Corporation System	at (518 ) 451-	8052
Name of Person	Area Code & Daytin	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the following amount: \$2\$ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (12/14)		

# 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	ſ
State: EIKON CONSULTANT GROUP, LLC	
2. The Florida document number of this limited liability company is: M13000007921	
3. Jurisdiction of its organization: Texas	
4. Date authorized to do business in Florida: 12/13/2013	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: EIKON CONSULTING GROUP, 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 writter consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	π
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:	)f
Name of New Registered Agent:	
New Registered Office Address:	
, Florida	
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 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 Agem, Signature of New Registered Agent	~*~\$
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
en la companya de la	

itle/Capacity	Name	<u>Address</u>	Type of Action
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			□ Remove
	··-		Add
	:	···	Remove
			□ Remove
			Add
	,		Remove
			Add
			Remove
aforementione	ertificate, if required: no more that d amendment(s), duly authenticate der the law of which this entity is	d by the official having cust	ody of records in the
	112		20 5
	Jeff Isbell		` 😤
	Typed or printed	name of signee	<u> </u>

9/29/2015 12:57:53 PM From: To: 8506176383( 5/5 )

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



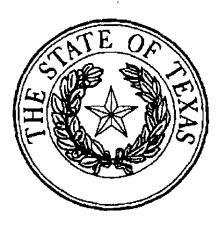
Carlos H. Cascos Secretary of State

## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that on September 09, 2015, Eikon Consultant Group, LLC, a Domestic Limited Liability Company (LLC) (file number 801620649), changed its name to Eikon Consulting Group, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 29, 2015.



Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Fax; (512) 463-5709
Prepared by: SOS-WEB TID: 10254

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