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747 1512 To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000030023 : (614)280-3338 Phone : (954)208-0845 Fax Number \*\*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 BKFS NATIONAL TAXNET, LLC

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**EXAMINER** 

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## 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 Dupartment of	
State: BKFS National TaxNet, LLC	
Enter new principal office address, if applicable:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, it applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
MAY BE A POST OFFICE BOX	ĊŠ
2. The Florida document number of this limited liability company is: M1400004825	U AM
2. Individual and the accomplisation. Delaware	÷
3. Jurisdiction of its organization: Delaware  4. Date authorized to do business in Florida: July 8, 2014	36
SUCTION 11 (S.9 complete only the applicable changes)	
5. New name of the limited liability company: SL National TaxNet, 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- copy of the written consent of the managers or managing members adopting the alternate name. The alternate must contain "Limited Liability Company," "L.L.C." or "Li.C.")	a ante
6. If amending the registered agent and/or registered officer 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	
, Florida, Zip Code	-
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w 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 lim liability common has been notified in writing of this change.	yt <b>H</b>

3. If the amendment changes person, title or capacity in accordance with 505,0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
·——			[_]Add	
			Remove	
			. <del>က</del> မ	
			Remov	
	ARCAGONAN STREET, S. V. A. STREET, S. V.			
			Remove	
, grant	- 10 10- 10- 10- 10- 10- 10- 10- 10-		Add	
			Remove	
			Add	
			Remove	
aforementioned an	ficute, if required: no more than 90 da tendment(s), duly authenticated by the the law of which this entity is organize	e official having custody of record	s in the	
	Could Signatury of the	authorized representative		
	April L. Johnson	I name of signee	_	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'BKFS NATIONAL TAXNET,

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'SL

NATIONAL TAXNET, LLC' ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D.

2018, AT 4:04 O'CLOCK P.M.

4886886 8320 SR# 20186436381 Authentication: 203341415

Date: 08-30-18