

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

MIS00001596

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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
PRICewaterhouseCOOPERS MOBILITY TECHNOLOGY
SERVICES**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PricewaterhouseCoopers Mobility Technology Services LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tauny Histed

Name of Person

PricewaterhouseCoopers Mobility Technology Services LLC

Firm/Company

c/o Magaly Maldonado, 300 Madison Avenue

Address

New York, NY 10017

City/State and Zip Code

us_pwc_corp_filings@pwc.com

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

For further information concerning this matter, please call:

Tauny Histed

at (336) 244-1191

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, 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 on the records of the Florida Department of

State: PricewaterhouseCoopers Mobility Technology Services LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000001596

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 27, 2015

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

5. New name of the limited liability company: _____
(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 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
City

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

2023 MAY 12 AM 7:00

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)(c), indicate that change:

Add Joseph Gattone and Andrew Cope. Remove Peter Clarke, Billy Owens and Shawn McGrath.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Joseph Gattone	300 Madison Avenue, New York, NY 10017	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Andrew Cope	300 Madison Avenue, New York, NY 10017	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Peter Clarke		<input type="checkbox"/> Add
		300 Atlantic Street, Stamford, CT 06901	<input checked="" type="checkbox"/> Remove
Manager	Billy Owens		<input type="checkbox"/> Add
		214 N Tryon St Ste 3600 Charlotte NC 28202	<input checked="" type="checkbox"/> Remove
Manager	Shawn McGrath		<input type="checkbox"/> Add
		300 Atlantic Street, Stamford, CT 06901	<input checked="" type="checkbox"/> Remove

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

Joseph Gattone, Manager

Typed or printed name of signee

Filing Fee: \$25.00