

M/15000002867

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000344387 3)))



-180003443873AB:15

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-0383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR,
Account Number : 13086000001
Phone : (561) 633-9500
Fax Number : (561) 633-5551

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

Email Address: _____

FILED
18 DEC -4 AM 8:55
ALLAHSEE, FLORIDA
FLORIDA DEPT OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDICFP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEC 5 2018

A. LUN

2018 DEC -4 AM 11:56

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000344387 3)))

**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: MEDICFP, 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: M15000002867

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 31, 2015

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

5. New name of the limited liability company: VERIFYID, 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 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

(((H18000344387 3)))

FILED
18 DEC -4 AM 8:55
TALLAHASSEE, FLORIDA

((H18000344387 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MEDICFP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "VERIFYID, LLC" ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2018, AT 2:10 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.



5500980 8320
SR# 20187932386

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, SECRETARY OF STATE" is printed in small letters.

Authentication: 204012426
Date: 12-03-18

((H18000344387 3)))