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.

(((H170002355013)))



H170002355013ABCY

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 Humber : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: PCA00000023 Phone: (512)418-6949 Fax Eumber: (954)208-0845

\*\*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 MOBLEYSAFWAY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$25.00

Exigronic Filing Menu Corporate Filing Menu

Help

· i

SEP 0 1 2017

Y SULKER

# **COVER LETTER**

TO: Registration Section Division of Corporations				
MobleySafway Solutions, LLC		·		· ·
SUBJECT: Name of Foreign	Limited Liab	ility Compar	ý.	
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) ar	e submitted (	or tiling.		
Please return all correspondence concerning this	matter to the	following:	,	•
Kim Blankenship		-		
Name of Person	••			
Brand Energy	·			
Firm/Company			•	·
1325 Cobb International Drive				
Address		<b></b> -		
Kennesaw, GA 30152				
City/State and Zip Code		<del></del>		•
kim.blankenship@beis.com				
E-mail address: (to be used for future annual r	eport notifica	ition)		
For further information concerning this matter, p	lease call:	. •		
Kim Blankenship	678 at (	285-1469 )		
Name of Person	Area Çod	e & Daytime	Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations (6327 see, Florida 32314	
Enclosed is a check for the following amount:  \$\sum \\$25 \text{Filing Fee} \sum \sum \\$30 \text{Filing Fee & Certificate of Status}	\$55 Fil	ing Fee & ed Copy	S60 Filing Fee. Certificate of S Certified Copy	tatus &
CR2E055 (9/15)				

### 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 appear		n of
State: MobleySafway Solutions, ELC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	n;'	
Enter new mailing address, if applicable: (Mailing address	1325 Cobb International Drive Kennesaw, GA 30152	
MAY BE A POST OFFICE BOX)		YA
2. The Florida document number of this limited lit	nhility company is: M15000007932	AUG
2. The Florida document flamoet of this immee in		$S_{n-1} = S_{n-1}$
3. Jurisdiction of its organization: Texas		
4. Date authorized to do business in Florida: 10/5		55
SECTION II (5-9 complete only the applicable	changes)	16. 16. 16. 16. 16. 16. 16. 16. 16. 16.
5. New name of the limited liability company: B (must	trandSafway Solutions, LLC	
(mu	st contain "Limited Liability Company,"	"L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	maging members adopting the alternate i	in Florida and attach a name. The alternate name.
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, <u>enter</u> <u>iddress here:</u>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · ·
	Enter Florida Street	Address
·	, Flo	orida Zip Code
	•	лір Соде
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered age the provisions of all stotuces relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of t	ent and agree to act in this capacity. I fur r and complete performance of my dutic stered agent as provided for in Chapter ( e in the registered office address, I hereb	s, and Lam Jamiliar with 605. F.S. Or. if this
	Changing Registered Agent, Signature o	f New Registered Agent

3

AT AND LODGES THE MAKENS AND ASSESSED.

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
√P	James R. Billingsley	1325 Cobb International Dr., Ken	nesaw, GA∃€,#34 ■⊠Add
			Remov
P Robert D. Heath	1325 Cobb Imernational Dr., Ken	inesuw, GA 3 002 Z <b>⊠</b> Add	
			Remov
			Add
		· .	17 € 00 34
a annua public de Millere			Add AH I Remove
			Add
			Remov
aforcipentio	a certificate, if required: no more ned amendment of duly, authenti under the law of which this curity	cated by the official having custody of recor	rds in the
jurisdiction	16/0/	Agure de the authorized representative	
	James R. Billingsley	<i>J</i>	

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



Rolando B. Pablos 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 July 20, 2017, MobleySafway Solutions, LLC, a Domestic Limited Liability Company (LLC) (file number 802279008), changed its name to BrandSafway Solutions, 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 August 28, 2017.



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 759021290003 TID: 10254

Prepared by: SOS-WEB