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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023

Phone

: (614)280-3338

Fax Number

: (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.\*\*

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MCKINSTRY FMS, LLC

Certificate of Status	0
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K. SALY AUG 24 2018

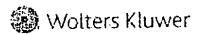
## **FAX COVER SHEET**

TO		
COMPANY		
FAX NUMBER	18506176383	
FROM	Kimberly Laughrey	
DATE	2018-08-23 14:03:19 CST	
RE	MCKINSTRY FMS, LLC	<u></u>

## **COVER MESSAGE**

Patrick Duffy
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338 GłobalFulfillmentTeam@wolterskluwer.com



1269 Orange Street Wilmington, DE 19801, www.wolterskluwer.com

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

AMENDMENT TO CERTIFI	LIMITED LIABILITY COMPANY TO FILE CATE OF AUTHORITY TO TRANSACT TESS IN FLORIDA			
SECTION	(I (1-4 must be completed)			
Name of limited liability Company as it appear  State: McKinstry FMS, LLC	I (1-4 must be completed) s on the records of the Florida Department of  210 South Hudson Street			
Enter new principal office address, if applicable:	210 South Hudson Street			
,	Suite # 380			
( <u>Principal office uddress</u> MUST RE A STREET ADDRESS)	Seattle, Washington, 98134			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  2. The Florida decument number of this limited lie	ability company is: M16000002541			
3. Jurisdiction of its organization: wastington	12017			
4. Date authorized to do business in Florida:	1/2016			
SECTION II (5-9 complete only the applicable	changes)			
New name of the limited liability company:      (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 must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a enaging members adopting the alternate name. The alternate name C." or "LLC.")			
6. If amending the registered agent and/or registered agent and/or the new registered office	red officer address on our records, enter the name of the new address here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
	<del></del>			
	City Florida Zip Code			
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited			
——————————————————————————————————————	Changing Registered Agent, Signature of New Registered Agent			

3

of 5		2018-08-23 14.06 10 CST	12122023573 From: Kimberly Laughrey	
7. If the amendme	ent changes the jurisdiction	n of organization, indicate new jurisdiction:	18 AUG 23 AH 5: 20  TALLAMASSEE, FLORIDA	
S. If the amendme	ent changes person, title or	capacity in accordance with 605,0902 (1)(e), u	ndicate that change:	
Title/ Capacity	Name	Address	Type of Action	
			Remove	
			Add	
			Remove	
			Remove	
<u></u>			Add	
			Remove	
	***		Add	
			Remove	
aforemention	ed amendment(s), duly autonice the law of which this	more than 90 days old, evidencing the thenticated by the official having custody of rentity is organized.  Signature of the authorized representative ones, VP - US Finance  Typed or printed name of signee	Sonor	

Filing Fee: \$25.00



Secretary of State

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to records on file in this office,

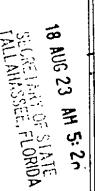
Amended Certificate of Formation to

MCKINSTRY FMS, LLC

a wa limited liability company, whereby the limited liability company name is changed to BGIS GLOBAL INTEGRATED SOLUTIONS US LLC

was received and filed by this office on 08/91/18.

Date: August 23, 2018



\* DESC.



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State