

M1600000 2541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

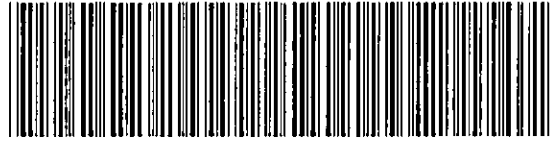
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800338810558

FILED


2020 JAN -7 AM 5:19

2020 JAN -7 PM 1:54

V. SULKER

JAN 8 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 123892 8291619
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 6, 2020
ORDER TIME : 10:36 AM
ORDER NO. : 123892-005
CUSTOMER NO: 8291619

FOREIGN FILINGS

NAME: BGIS GLOBAL INTEGRATED
SOLUTIONS US LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGIS Global Integrated Solutions US 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: BGIS GLOBAL INTEGRATED SOLUTIONS US 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: M16000002541

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: 08/23/2018

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

FILED

2020 JAN -7 AM 9:19

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Jordan Kolar	250 Vesey St., Fl. 15	<input type="checkbox"/> Add
		New York, NY 10281	<input checked="" type="checkbox"/> Remove
Manager	Craig Laurie	250 Vesey St., Fl. 15	<input type="checkbox"/> Add
		New York, NY 10281	<input checked="" type="checkbox"/> Remove
Manager	Andrew McLachlin	250 Vesey St., Fl. 15	<input type="checkbox"/> Add
		New York, NY 10281	<input checked="" type="checkbox"/> Remove
Manager	Mark Weinberg	250 Vesey St., Fl. 15	<input type="checkbox"/> Add
		New York, NY 10281	<input checked="" type="checkbox"/> Remove
Manager	BGIS Global Integrated Solutions US Holdings LLC	c/o Corporation Service Company	<input checked="" type="checkbox"/> Add
		251 Little Falls Dr., Wilmington, DE 19808	<input 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

Typed or printed name of signee

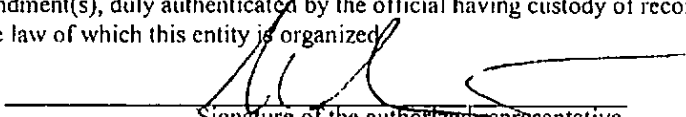
Filing Fee: \$25.00

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Officer</u>	<u>Gordon Hicks</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Jim Neal</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Andrew McLachlin</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Mark Marquis</u>	<u>4175 14th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Markham, ON Canada L3R 0J2</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Brian Fellows</u>	<u>210 S. Hudson, Suite 380</u>	<input checked="" type="checkbox"/> Add
		<u>Seattle, WA 98134</u>	<input 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

Andrew McLachlin

Typed or printed name of signee

Filing Fee: \$25.00