

N16000002607

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.

((H21000453639 3)))



H210004536393ABCO

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)617-6383

From:

Account Name : FOLEY & LARDNER
Account Number : 119980000047
Phone : (407)423-7656
Fax Number : (407)648-1743

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

Email Address: mokaty@foley.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFOGUARD STAFFING PARTNERS, LLC

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

2022 JAN -5 PM 4:53

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 JAN -5 AM 10:51
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Y. SULKER

JAN 06 2022

DocuSign Envelope ID: 75145811-0667-4D6A-8551-37A356DE81D8

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: INFOGUARD STAFFING PARTNERS, 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: M16000002607

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 29, 2016

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

5. New name of the limited liability company: Fortress Government Solutions, 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

DocuSign Envelope ID: 75146811-0667-4D6A-8551-37A356DE81D8

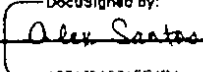
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Changes titles from "Manager" to "Authorized Person"

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Edward Alexander Santos	189 S ORANGE AVE STE 1950	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
Authorized Person	Peter Kassabov	189 S ORANGE AVE STE 1950	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
Manager	Edward Alexander Santos	189 S ORANGE AVE STE 1950	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
Manager	Peter Kassabov	189 S ORANGE AVE STE 1950	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

DocuSigned by:

 Signature of the authorized representative
 A27173A371EE404
 Edward Alexander Santos

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INFOGUARD STAFFING PARTNERS, LLC", CHANGING ITS NAME FROM "INFOGUARD STAFFING PARTNERS, LLC" TO "FORTRESS GOVERNMENT SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2021, AT 5:44 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5985318 8100
SR# 20214076250

Authentication: 205073811
Date: 12-23-21

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:44 PM 12/13/2021
FILED 05:44 PM 12/13/2021

SR 20214076250 - File Number 5985318

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: InfoGuard Staffing Partners, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is amended to be Fortress Government Solutions, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 13 day of December, A.D. 2021.

DocuSigned by:
Alex Santos
By: A271173A371EE4D4
Authorized Person(s)

Name: Edward Alexander Santos

Print or Type

H21000453639 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORTRESS GOVERNMENT SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORTRESS GOVERNMENT SOLUTIONS, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5985318 8300

SR# 20214208890

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205075686

Date: 12-23-21

H21000453639 3