

M/L 00000 2823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

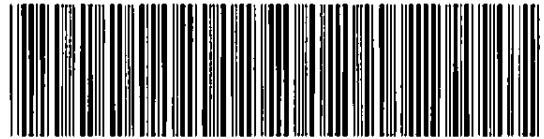
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024-03-07 PM 3:34
CLERK OF STATE
TALLAHASSEE, FL
30

R. HUNT
03/07/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORCEPOINT FEDERAL 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:

Michael Lusk

Name of Person

Citco (Delaware) Inc.

Firm/Company

222 Delaware Ave Ste 1010

Address

Wilmington, DE 19801

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Lusk

at (646) 995-9697

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: FORCEPOINT FEDERAL 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: M16000002823

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/04/2016

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

5. New name of the limited liability company: EVERFOX 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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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:

James Wallace

Signature of the authorized representative

James Wallace

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 "FORCEPOINT FEDERAL LLC", CHANGING ITS NAME FROM "FORCEPOINT FEDERAL LLC" TO "EVERFOX LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2024, AT 1:22 O'CLOCK P.M.

RECORDED
JAN 29 2024
DELAWARE
STATE
SECRETARY
JAN 29 2024
PM 3:34




Jeffrey W. Bullock, Secretary of State

3672763 8100
SR# 20240291371

Authentication: 202699624
Date: 01-30-24

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:22 PM 01/29/2024
FILED 01:22 PM 01/29/2024
SR 20240272848 - File Number 3672763

**CERTIFICATE OF AMENDMENT OF
CERTIFICATE OF FORMATION
OF
FORCEPOINT FEDERAL LLC,
A DELAWARE LIMITED LIABILITY
COMPANY**

1. The name of the limited liability company in the State of Delaware is Forcepoint Federal LLC, a Delaware limited liability company (the "Company").
2. Article 1 of the Certificate of Formation of the Company is hereby amended to read as follows:

"1. Name. The name of the limited liability company is Everfox LLC (the "**Company**")."
3. The Certificate of Formation of the Company is hereby amended to add the following as Article 6:

"6. Principal Address: The principal address of the Company is 12950 Worldgate Dr, Ste 600, Herndon, VA 20170."

IN WITNESS WHEREOF, the undersigned authorized person has executed, signed and acknowledged this Certificate of Amendment this 29th day of January, 2024.



Name: James Wallace

Title: General Counsel and Secretary

RECEIVED
STATE OF FLORIDA
JAN 29 2024
PH 3:34