

M16000003401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

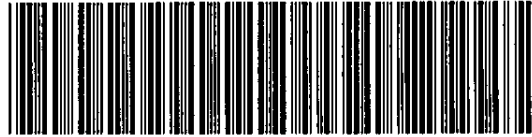
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600286463176

RECEIVED  
DEPARTMENT OF STATE  
16 JUN -6 AM 10:35

FILED  
2016 JUN -6 A 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 07 2016

Warren  
S. MASON

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 6/6/16**

**NAME: GQG PARTNERS, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 60.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GQG Partners 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:

Daniel Iverson

Name of Person

Capitol Services, Inc.

Firm/Company

PO BOX 1831

Address

Austin, TX 78767

City/State and Zip Code

regagent@capitol-services.com

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

For further information concerning this matter, please call:

Daniel Iverson

Name of Person

at ( 512 ) 499-3075

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

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 appears on the records of the Florida Department of

State: GQG Partners LLC

Enter new principal office address, if applicable: 350 East Las Olas Blvd.

(Principal office address  
MUST BE A STREET ADDRESS) Suite 1100

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

350 East Las Olas Blvd.

Suite 1100

Fort Lauderdale, FL 33301

2. The Florida document number of this limited liability company is: M16000003401

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/26/2016

**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*

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

2016 JUN - 6 A 8:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

Adding new member, and adding four officers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>QVFT LLC</u>	<u>1314 East Las Olas Blvd., Suite 601</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Rajiv Jain</u>	<u>350 East Las Olas Blvd., Suite 1100</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Tim Carver</u>	<u>350 East Las Olas Blvd., Suite 1100</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Ralph Shaoul</u>	<u>350 East Las Olas Blvd., Suite 1100</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</u>	<input type="checkbox"/> Remove
<u>Officer</u>	<u>Rob Mathai</u>	<u>350 East Las Olas Blvd., Suite 1100</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</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.

Ralph Shaoul

Signature of the authorized representative

Ralph Shaoul

Typed or printed name of signee

Filing Fee: \$25.00

2016 JUN -6 A 8:51  
SECRETARY OF STATE  
FLORIDA

FILED