

M16000005459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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17 JUN 30 PM 3:46

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TALLAHASSEE, FLORIDA
17 JUN 30 AM 9:46

S. WARREN

JUL 08 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 6-30-17

ACCT. I20160000072

encl SW

Name:	<u>Data Driven Delivery</u>
Document #:	<u>Systems, LLC</u>
Order #:	<u>10548034</u>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Data Driven Delivery Systems, 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:

Nicole Harms

Name of Person

Dickinson Wright PLLC

Firm/Company

2600 W. Big Beaver Rd., Ste 300

Address

Troy, MI 48084

City/State and Zip Code

steve.linville@accidentfund.com

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

For further information concerning this matter, please call:

Nicole Harms

at (248)

433-7585

Name of Person

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: Data Driven Delivery Systems, LLC

Enter new principal office address, if applicable: 600 E. Lafayette Blvd.

(Principal office address
MUST BE A STREET ADDRESS) Detroit, MI 48226

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 600 E. Lafayette Blvd.
Detroit, MI 48226

2. The Florida document number of this limited liability company is: M16000005459

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/07/2016

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

5. New name of the limited liability company: Tessellate, 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.

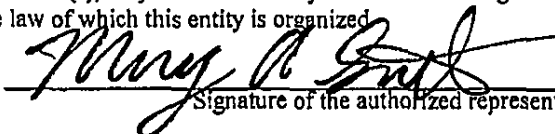
If Changing Registered Agent, Signature of New Registered Agent

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>
Manager	Frederick Leathers	111 Broadway, Suite 1005	<input type="checkbox"/> Add
		New York, NY 10006	<input checked="" type="checkbox"/> Remove
Pres.	Mary A. Smith	600 E. Lafayette Blvd.	<input checked="" type="checkbox"/> Add
		Detroit, MI 48226	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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

Mary A. Smith

Typed or printed name of signee

Filing Fee: \$25.00

FILED
17 JUN 30 AM 9:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DATA DRIVEN DELIVERY
SYSTEMS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "TESSELLATE, LLC" ON THE TWENTIETH DAY OF OCTOBER, A.D.
2016, AT 11:20 O'CLOCK A.M.



5055855 8320
SR# 20175042691

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202812528
Date: 06-30-17