

M16000005562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

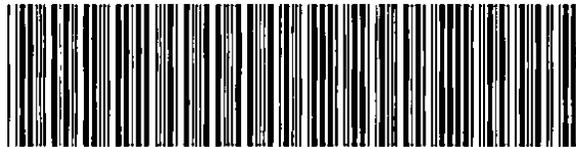
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC 21 PM 2:01
TALLAHASSEE, FLORIDA

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2020 DEC 21 AM 11:05
TALLAHASSEE, FLORIDA

2020 DEC 21 AM 11:05

LLC
Amend.

DEC 22 2020
D CONNELL

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

ACCOUNT NO. : I20000000195
REFERENCE : 580203 7631719
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 18, 2020
ORDER TIME : 11:01 AM
ORDER NO. : 580203-005
CUSTOMER NO: 7631719

FOREIGN FILINGS

NAME: NC4 PUBLIC SECTOR, 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: Eyllena Baker -- EXT# 61594

EXAMINER: _____

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: NC4 Public Sector, LLC

Enter new principal office address, if applicable: 155 N. Lake Ave, Ste 900

(Principal office address
MUST BE A STREET ADDRESS)

Pasadena, CA 91101

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

155 N. Lake Ave, Ste 900

Pasadena, CA 91101

2. The Florida document number of this limited liability company is: M16000005562

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 07/11/2016

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 "L.L.C.")

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

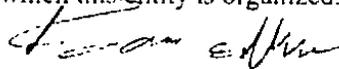
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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> |
|------------------------|-------------------|----------------------------------|--|
| CFO | SMITH, RANDALL | 155 N. LAKE AVE, STE 900 | <input type="checkbox"/> Add |
| | | PASADENA, CA 91101 | <input checked="" type="checkbox"/> Remove |
| Manager | KOTALIK, KARL | 155 N. LAKE AVE, STE 900 | <input type="checkbox"/> Add |
| | | PASADENA, CA 91101 | <input checked="" type="checkbox"/> Remove |
| CEO | Meredith, David | 25 Corporate Drive, Fourth Floor | <input checked="" type="checkbox"/> Add |
| | | Burlington, MA 01803 | <input type="checkbox"/> Remove |
| CFO | Brickley, Patrick | 25 Corporate Drive, Fourth Floor | <input checked="" type="checkbox"/> Add |
| | | Burlington, MA 01803 | <input type="checkbox"/> Remove |
| Secretary | Mark, Elliot | 25 Corporate Drive, Fourth Floor | <input checked="" type="checkbox"/> Add |
| | | Burlington, MA 01803 | <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

PHILLIP E. HUFF

Typed or printed name of signee

Filing Fee: \$25.00