

M/6000005568

(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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17 MAR 20 PM 4:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2017

Y SULKER



577 Lakeview Terrace SE
Mableton, Georgia 30126

Phone: 678.777.4721
dkendrick@mycorporateparalegal.com

March 15, 2017

SENT VIA UPS OVERNIGHT

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Name Change Amendment – Crosslink Bioscience LLC

Dear Sir or Madam:

Enclosed please find the following:

1. Application by Foreign LLC for Name Change Amendment;
2. Certified Copy of the corporate records issued by the Secretary of State of Georgia, to include the name change amendment; and
3. My firm's check in the amount of \$60 to cover the requisite filing fees and evidence.

Please do not hesitate to contact me should you have any questions. Thank you for your prompt attention to this matter.

Kindest regards,

Donna M. Kendrick

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crosslink Bioscience 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:

Donna Kendrick

Name of Person

MyCorporateParalegal.com LLC

Firm/Company

577 Lakeview Terrace SE

Address

Mableton, GA 30126

City/State and Zip Code

dkendrick@mycorporateparalegal.com

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

For further information concerning this matter, please call:

Donna Kendrick

Name of Person

at (678) 777-4721

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

**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: Crosslink Bioscience 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: M16000005568

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 7-12-2016

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

5. New name of the limited liability company: Crosslink Network 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 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

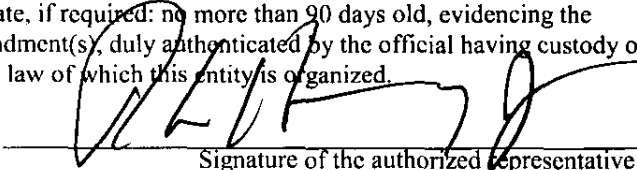
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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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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

Richard L. Haury, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

CrossLink Bioscience LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 02/03/2017 changing its name to

Crosslink Network LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 02/16/2017



B. P. Kemp

Brian P. Kemp
Secretary of State