14160000005888

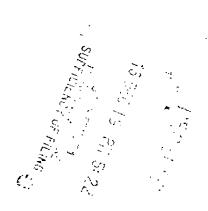
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



200293084082





DEC 2 0 2016 Y SULKER CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 425334 5048595

AUTHORIZATION: Smell blend

COST LIMIT : \$\(\frac{6}{0}\).00

ORDER DATE: December 16, 2016

ORDER TIME : 3:52 PM

ORDER NO. : 425334-015

CUSTOMER NO: 5048595

FOREIGN FILINGS

NAME: XEROX CARD SERVICES, LLC

CORPORATE
LIMITED PARTNERSHIP

XX _ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Xerox Card Servic	es, LLC	;	
Name of Foreign			ny
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) ar	e submitted fo	r filing.	
Please return all correspondence concerning this	matter to the fo	ollowing:	
Kathy Brown			
Name of Person			
Xerox Business Services,	LLC		
Firm/Company			
2828 N. Haskell Ave., 9th	Floor		
Address			
Dallas, Texas 75204			
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
acs.legal-corporate@xero	x.com		
E-mail address: (to be used for future annual re		on)	
For further information concerning this matter, pl		044	0.4.4.4
Kathy Brown	ر <mark>214</mark>	841-	6111
Name of Person	Area Code &	& Daytime	Telephone Number
STREET/COURIER ADDRESS:		MAILI	NG ADDRESS:
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle			see, Florida 32314
Tallahassee, Florida 32301			,
Enclosed is a check for the following amount:			
\$25 Filing Fee \$30 Filing Fee &	S55 Filing	-	■ \$60 Filing Fee,
Certificate of Status	Certified	Сору	Certificate of Status &

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)

State: Xerox Card Services, LLC			_
Enter new principal office address, if applicable	2: <u></u>		-
(Principal office address MUST BE A STREET ADDRESS)			-
Enter new mailing address, if applicable: (<u>Mailing address</u> MAY BE A POST OFFICE BOX)	Panette and the second		
2. The Florida document number of this limited	liability company is: M160000	05888	- -
3. Jurisdiction of its organization: Delaware	e	70 P	DEC 1
4. Date authorized to do business in Florida:	uly 22, 2016		وب محد⊸
SECTION II (5-9 complete only the applicable	le changes)		A
5. New name of the limited liability company: (m	Conduent Card Service	s, LLC pany, ""L.L.C.," or "LLC."	306
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or n must contain "Limited Liability Company," "L.I	managing members adopting the alte	isiness in Florida and attach emate name. The alternate n	a ame
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, address here:	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	P.A. Pl. J.	Street Address	
	Enter Pioriaa		
	City	, Florida Zip Code	-
New Registered Agent's Signature, if changing I hereby accept the appointment as registered at the provisions of all statutes relative to the propand accept the obligations of my position as reg document is being filed to merely reflect a chang liability company has been notified in writing of	gent and agree to act in this capaci ver and complete performance of my vistered agent as provided for in Ch ge in the registered office address, t	duties, and I am familiar wapter 605, F.S. Or, if this	rith

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			Add	
			Remov	
			Add	
			Remondary Add American Assertation Add American Add American Assertation Asser	
·····			Add	
			Add	
aforemention	nder the law of which this entity is organ	the official having custody of records in the	Remov	

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 "XEROX CARD SERVICES, LLC", CHANGING ITS NAME FROM "XEROX CARD SERVICES, LLC" TO "CONDUENT CARD SERVICES, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF DECEMBER, A.D. 2016, AT 11:35 O'CLOCK A.M.



Authentication: 203528941

Date: 12-16-16

State of Delaware Secretary of State Division of Corporations Delivered 11:35 AM 12/08/2016 FILED 11:35 AM 12/08/2016

STATE OF DELAWARE SR 20166973271 - File Number 5880322 CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF XEROX CARD SERVICES, LLC

- 1. The name of the limited liability company is Xerox Card Services, LLC.
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is Conduent Card Services, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 7th day of December, A.D. 2016.

By:

1. Michael Peffer, Manager