

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000282407 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Number : 076424003301 : (813)223-7474 : (813)227-0435 17-1816/MJR Phone Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Q RESEARCH SOLUTIONS MOLDINGS, LLC : Certificate of Status Certified Copy 1 03 Page Count

\$55.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help 27 2017

APPLICATION BY FOREIGN LIMITED LIMBILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Q Research Solutions Holdin			
Enter new principal office address, if applicable:			<u></u>
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) -			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liabil	ility company is	000008879	
3. Jurisdiction of its organization: Delaware			3
4. Date authorized to do business in Florida: 11/0-	4/2016		
SECTION II (5-9 complete only the applicable ch			: 2
5. New name of the limited liability company: Cl (must c	URION, LLC contain "Limited Liabili	ty Company, " "L.L.C.,"	,
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managers to must contain "Limited Liability Company," "L.L.C."	iging members adopting	cting business in Florida the alternate name. The	and attach a alternate name
If amending the registered agent and/or registered registered agent and/or the new registered office addr	officer address on our r	ecords, enter the name of	of the new
Name of New Registered Agent:	<u>.</u> .		
New Registered Office Address:		Florida Street Address	
	Enter		
	City	, Florida 	p Code
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper an and accept the obligations of my position as registered document is being filed to merely reflect a change in liability company has been notified in writing of this	stered Agent: and agree to act in this nd complete performan ed agent as provided fo the registered office aa	ce of my duties, and I am r in Chapter 605, F.S. C	r familiar with Fr. if this

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change:				
itle/ Capacity	Name	Address	Type of Acti	
		<u> </u>		
			Remo	
			Add	
			Remo	
·			Add	
			Remov	
			₽∄ BAdd	
		· · · · · · · · · · · · · · · · · · ·	Remove	
- 			بر مر Add س	
corementioned anion	te, if required: no more than 90 dment(s), duly guthenycated b law of which this entiry is organized.	vithe official having contadu of constations.	Remove	

Filing Fee: \$25.00

4

(((H17000282407 3)))

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURION, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAW THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203463477

Date: 10-26-17

6167577 8300 SR# 20176794078

You may verify this certificate online at corp.delaware.gov/authver.shtml