

M170000002933

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H18000008263ABC

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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18 JAN - 8 PM 2:49  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AGILITY SERVICES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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# 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: Agility Services 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: M17000002933

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/5/2017

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

5. New name of the limited liability company: Accenture Flex LLC  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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.*

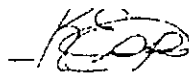
If Changing Registered Agent, Signature of New Registered Agent

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)(c), 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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|                        |             |                | <input type="checkbox"/> Remove |
|                        |             |                | <input type="checkbox"/> Add    |
|                        |             |                | <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

**Kristen Espinales, Attorney-in-Fact**

Typed or printed name of signee

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 "AGILITY SERVICES LLC", CHANGING ITS NAME FROM "AGILITY SERVICES LLC" TO "ACCENTURE FLEX LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF JANUARY, A.D. 2018, AT 10:11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE EIGHTH DAY OF JANUARY, A.D. 2018.



6285078 8100  
SR# 20180077265

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State

Authentication: 201925631  
Date: 01-05-18

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:11 AM 01/05/2018  
FILED 10:11 AM 01/05/2018  
SR 20180077265 - File Number 6185078

**CERTIFICATE OF AMENDMENT**  
**OF**  
**AGILITY SERVICES LLC**

1. Name of Limited Liability Company: **Agility Services LLC.**
2. The Certificate of Formation of the limited liability company is hereby amended with effect as of January 8, 2018 as follows:
  1. The name of the limited liability company is:  
**Accenture Flex LLC**

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate of Formation  
this 4<sup>th</sup> day of January, 2018.

By: Ronald J. Roberts  
Name: Ronald J. Roberts  
Title: Secretary