

1/20/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

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
AUDIO VISUAL SERVICES GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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Corporate Filing Menu

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HONOR ORIGINAL DATE 01-20-2021

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45
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1/25/

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1/21/2021 9:49:38 AM PAGE

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January 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of CorporationsAUDIO VISUAL SERVICES GROUP, LLC
5100 N. RIVER ROAD, SUITE 300
SCHILLER PARK, IL 60176USSUBJECT: AUDIO VISUAL SERVICES GROUP, LLC
REF: M18000000092

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

ALL PAGES MUST BE INCLUDED.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist IIFAX Aud. #: H21000027054
Letter Number: 121A00001307

HONOR ORIGINAL DATE 01-20-2021

2021 JAN 20 PM 4:44
FILED
STATE
FILING
CLERK

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: Audio Visual Services Group, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

5100 N River Road, Ste. 300

Schiller Park, IL 60176

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

5100 N River Road, Ste. 300

Schiller Park, IL, 60176

2. The Florida document number of this limited liability company is: M1800000092

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/03/2018

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

5. New name of the limited liability company: Encore Group (USA) 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 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 "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.

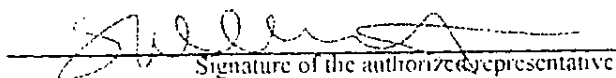
If Changing Registered Agent, Signature of New Registered Agent

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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_____	_____	_____	<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

James Whitney Markowitz

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 THAT THE SAID "AUDIO VISUAL SERVICES GROUP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ENCORE GROUP (USA) LLC" ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2020, AT 9:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2021 AT 3:02 O'CLOCK A.M.

FILED
2021 JAN 20 PM 4:44
DELAWARE
STATE
SECRETARY



2948389 8320
SR# 20210060903

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


JEFFREY W. BULLOCK, Secretary of State

Authentication: 202249448
Date: 01-08-21