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(R	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer.	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 064296 7949707

i.

AUTHORIZATION : Smill Cl

[COST LIMIT : (\$\25'.00)

ORDER DATE: November 26, 2019

ORDER TIME : 9:55 AM

ORDER NO. : 064296-020

CUSTOMER NO: 7949707

FOREIGN FILINGS

NAME: MSX INTERNATIONAL STAFFING LLC

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MSX International Sta	affing LLC Limited Liability Company
Dear Sir or Madam:	. ,
Dear Sir Or Madain.	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Merissa Ouvain Name of Person	
Epitec Acoi LLC	
Firm/Company 24800 Den So Or. So., Address	te 150
Southfield M1 4803 City/State and Zip Code	3
E-mail address: (to be used for future annual re	<u></u>
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, ple	ease call:
a	t ()
Name of Person	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 CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

SECTION	VI (1-4 must be o	ompleted)	. 2919 NOV 27	(D) (C) (4
Name of limited liability Company as it appear State: MSX International Staffing I		f the Florida Dep		· · · · · · · · · · · · · · · · · · ·
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable:			Drive	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Suite	150	·	
	SouthF	eld MI	48033	
2. The Florida document number of this limited lia	ability company is	. M180000	05172	
3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 04/ SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:	changes) Epitec ACO1	LLC I Liability Comp	any, " "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.(naging members a	of transacting bus adopting the alter	iness in Florida and nate name. The alte	i attach a rnate name
6. If amending the registered agent and/or registers registered agent and/or the new registered office as	ed officer address ddress here:	on our records, <u>e</u>	enter the name of th	е пеж
Name of New Registered Agent:		-		
New Registered Office Address:		Enter Florida S	treet Address	
			. Florida	
_	Cit	y	Zip C	ode

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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Actio	
			Add	
	-		Remo	
	-		Remo	
			∏Add	
	_		Remov	
	 		Add	
	_		Remove	
<u></u>			Add	
aforementioned am	icate, if required: no more than 90 days nendment(s), duly authenticated by the che law of which this calify is arganized	official having custody of record	Removed	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MSX INTERNATIONAL
STAFFING, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "EPITEC ACO1, LLC" ON THE THIRD DAY OF JUNE, A.D. 2019,
AT 5:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204093212

Date: 11-26-19