

# MIS00006217

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 : 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.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONTEGO INVESTIGATIVE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

OCT 16 2018

**EXAMINER**

**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: CONTEGO INVESTIGATIVE SERVICES, LLC

Enter new principal office address, if applicable: 424 East Central Blvd, Suite 417

(Principal office address  
MUST BE A STREET ADDRESS) Orlando, FL 32801

Enter new mailing address, if applicable: 424 East Central Blvd, Suite 417

(Mailing address  
MAY BE A POST OFFICE BOX) Orlando, FL 32801

2. The Florida document number of this limited liability company is: M18000006217

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/05/2018

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

5. New name of the limited liability company: \_\_\_\_\_  
(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: Corporate Creations Network Inc.

New Registered Office Address: 11380 Prosperity Farms Road #221E

*Enter Florida Street Address*

Palm Beach Gardens, Florida 33410

*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.*

Carlos Alvarez, Special Secretary

*If Changing Registered Agent, Signature of New Registered Agent*

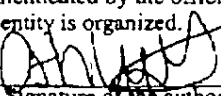
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
<u>MGR</u>	<u>LINN, JASON</u>	<u>424 East Central Blvd, Suite 417</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32801</u>	<input type="checkbox"/> Remove
<u>SEC</u>	<u>CREWS, BETH</u>	<u>5900 NORTH ANDREWS AVE, STE 1000</u>	<input type="checkbox"/> Add
		<u>5900 NORTH ANDREWS AVE, STE 1000</u>	<input checked="" type="checkbox"/> Remove
<u>TREAS</u>	<u>RICHARDSON, GEX</u>	<u>5900 NORTH ANDREWS AVE, STE 1000</u>	<input type="checkbox"/> Add
		<u>5900 NORTH ANDREWS AVE, STE 1000</u>	<input checked="" type="checkbox"/> Remove
<u>Pres</u>	<u>LINN, JASON</u>	<u>5900 NORTH ANDREWS AVE, STE 1000</u>	<input type="checkbox"/> Add
		<u>FT LAUDERDALE, FL 33309</u>	<input checked="" 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

Ashley Goldsmith, 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 "CONTEGO INVESTIGATIVE SERVICES, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTEGO INVESTIGATIVE SERVICES, LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2011.

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



4970844 83008

SR# 20187133984

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203608303

Date: 10-15-18