11/2/2018

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-638	File Second, Pleas filing AFTER the audit# H1800031	withdrawa	al wit	h fax
From:	Account Name : C T CORPORAT Account Number : FCA000000023 Phone : (614)280-333 Fax Number : (954)208-084	3 38	SECRETA	2018 NOV -	,
anr	the email address for this bus nual report mailings. Enter onl ail Address:	iness entity to be used y one email address ple	for futures	2 AM 9:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADAPT SURVIVOR, LLC

Certificate of Status	0
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Page Count	04
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EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

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: Adapt Survivor, LLC
2. The Florida document number of this limited liability company is:
3. Jurisdiction of its organization: Illinois
4. Date authorized to do business in Florida: 08/13/2018
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: Adapt Telephony Services, 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 office address on our records, enter the name of the new registered office address here:
the new registered agent allow the new registered office address here.
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street 4tldress
Florida O
City 7sp 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 Rogistered Agent
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

itle/Capacity	<u>Name</u>	<u>Address</u>	Type of Action
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. Attached is a cer aforementioned:	tificate, if required: no more the amendment(s), duly authenticat	an 90 days old, evidencing the ed by the official having custod	E CE Remove F CO NATIONAL CONTRACT ORI DE CONTRACT Ly of records up the
jurisdiction unde	er the law of which this entity is	organized.	-
	Mais Kenste	/	

File Number

0706736-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

ARTICLES OF MERGER WERE FILED IN THIS OFFICE ON JULY 11, 2018, WHEREIN ADAPT TELEPHONY SERVICES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY AND ADAPT SURVIVOR, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY BEING THE SURVIVOR OF THE MERGER, WITH THE SURVIVING LIMITED LIABILITY COMPANY AMEDING ITS NAME TO ADAPT TELEPHONY SERVICES, LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of NOVEMBER A.D. 2018.

Authentication #: 1830601935 verifiable until 11/02/2019.

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE