Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

	Address:			
CMAT	MUUIE33.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANSER ADVISORY CONSULTING, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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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)

Enter new principal office address, if applicable:	500 W Madison Ave Chicago, IL 60661			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 W Madison Ave Chicago, IL 60661			
2. The Florida document number of this limited lia	ability company is: M180000086	2025 JAN SECART		
3. Jurisdiction of its organization: DE		N 28		
4. Date authorized to do business in Florida:	19/2018		ΈO	
SECTION II (5-9 complete only the applicable	-	0] :: 11.S		
 New name of the limited liability company: A (must) 	eccenture Infrastructure and Capita st contain "Limited Liability Con	Projects Consulting GLC upany, ""L.L.C.," or "LLC.")	•	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alt			
6. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	E El I	Street Address		
	Enter Florida			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capaci and complete performance of my tered agent as provided for in Ch in the registered office address,	duties, and I am familiar with apter 605, F.S. Or, if this	h	

1	itle/ Capacity	<u>Name</u>	Address	Type of Action
1anaging Mo -	ember	Anser Advisory, LLC	500 W Madison Ave	□Add
		Auc	ention: Claudia Anzur / Accenture LLP Chicago, IL 60661	≣Remov
Janaging Mo	ember	Accenture 1&CP, LLC	500 W Madison Ave	= Add
			Chicago, IL 60661	□Remov
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9	aforemention	inder the law of which this entity i	ited by the official having custody of records in the	□Remov

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 "ACCENTURE INFRASTRUCTURE AND CAPITAL

PROJECTS CONSULTING, 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 TWENTY-SEVENTH

DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCENTURE INFRASTRUCTURE AND CAPITAL PROJECTS CONSULTING, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 205242409

Date: 12-27-24