

12/26/24, 9:47 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000421614 3)))



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To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: Legal@vixxo.com

RECEIVED

2024 DEC 26 PM 1:53

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUSHMAN & WAKEFIELD SOLUTIONS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit # H24000421614.3

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: CUSHMAN & WAKEFIELD SOLUTIONS, LLC

Enter new principal office address, if applicable: 7000 E. Shea Blvd., Suite H-1970

(Principal office address

MUST BE A STREET ADDRESS)

Scottsdale, AZ 85254

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

7000 E. Shea Blvd., Suite H-1970

Scottsdale, AZ 85254

2. The Florida document number of this limited liability company is: M19000000837

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 1/24/2019

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

5. New name of the limited liability company: Vixxo Kansas, 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: Business Filings Incorporated

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

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.

[Signature]

Chris Das, AVP,
Business Filings Incorporated

If Changing Registered Agent, Signature of New Registered Agent

Fax Audit # H24000421614.3

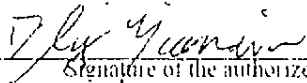
Fax Audit # H24000421614 3

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>Member</u>	<u>Broderick, Dan</u>	<u>128 N. 1st Street</u>	☐ Add
		<u>Colwich, KS 67030</u>	☒ Remove
<u>Member</u>	<u>Herrold, Bregan</u>	<u>128 N. 1st Street</u>	☐ Add
		<u>Colwich, KS 67030</u>	☒ Remove
<u>Manager</u>	<u>James Reavey</u>	<u>7000 E. Shea Blvd., Suite H-1970</u>	☒ Add
		<u>Scottsdale, Arizona 85254</u>	☐ Remove
<u>Manager</u>	<u>Craig Macnair</u>	<u>7000 E. Shea Blvd., Suite H-1970</u>	☒ Add
		<u>Scottsdale, Arizona 85254</u>	☐ Remove
			☐ Add
			☐ 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

Craig Macnair, Manager

Typed or printed name of signee

Filing Fee: \$25.00

**BEA**

KANSAS SECRETARY OF STATE
**Business Entity Certificate
 of Amendment**



Memorial Hall, 1st Floor (785) 296-4564
 120 S.W. 10th Avenue kssos@sos.ks.gov
 Topeka, KS 66612-1594 https://sos.ks.gov

**1. Business entity ID/file
 number:**

Not Federal Employer ID
 Number (FEIN).

2479590

**2. Name of business
 entity:**

Must match name on record
 with Secretary of State.

Cushman & Wakefield Solutions, LLC



Certified Date: 12/16/2024
 Certificate Number 20241216-126285

3a. Indicate the type of document to be amended:

- | | |
|--|--|
| ☐ Kansas For-Profit Articles of Incorporation (fee \$35) | ☐ Kansas Limited Liability Partnership Statement of Qualification (fee \$35) |
| ☐ Kansas Not-for-Profit Articles of Incorporation (fee \$20) | ☐ General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| ☒ Kansas Limited Liability Company Articles of Organization (fee \$35) | ☐ Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit) |
| ☐ Kansas Limited Partnership Certificate (fee \$35) | |

3b. The document indicated above is amended as follows:

(If additional space is needed please provide an attachment.)

- ☐ 1. The name of the limited liability company shall be "Vixxo Kansas, LLC".
2. The name of the resident agent and address of the registered office in Kansas shall be:
 Business Filings Incorporated
 112 SW 7th Street, Suite C
 Topeka, Kansas 66603
3. The Mailing address of the limited liability company shall be:
 Vixxo Corporation c/o General Counsel
 7000 Shea Blvd., Suite H-1970
 Scottsdale, AZ 85254

4. For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:



5. Effective date:



Upon filing with the
 Kansas Secretary
 of State



Future effective date.
 (Cannot be later than 90 days after
 the date this certificate is filed.)

Month

Day

Year

6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature(s).)

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature

Name of Signer (Printed or Typed)

James Reavey

*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

For Kansas limited partnerships only:

(See below for required signature(s).)**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if Amendment adds a new general partner)

Name of Signer (Printed or Typed)

**Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.



Certified Date: 12/16/2024
 Certificate Number: 2024-1216-128285