Elorida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: _managedreports@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONVERGE ACQUISITION, LLC

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TO: Registration Section

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COVER LETTER

Division of Corporati	ons			
SUBJECT: CONVERGE		LLC n Limited Liabili	ty Compa	ny
Dear Sir or Madam:				
The enclosed application, cer	tificate and fee(s)	are submitted for	r filing.	
Please return all corresponder	nce concerning thi	s matter to the fo	llowing:	
Kathy Shin Name	of Person			
InCorp Services, Inc.	Company			
3773 Howard Hughes Pk	wy, Suite 500S Idress			
Las Vegas, NV 89169-60 Ciry/S	14 State and Zip Code			
processing@incorp.com E-mail address: (to be used	for future annual	report notification	าท)	
For further information conce	erning this matter,	please call:		
InCorp Services, Inc. / Ka Name of Pers	thy Shin	at (<u>800</u>) Area Code &	246-26 EDaytime	77 Telephone Number
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassec, FL 323		R 1. T 2	Division of the Centre 415 N. M	ess: on Section of Corporations of Tallahassee onroe Street, Suite 810 c, FL 32303
-	for the following Filing Fee & ificate of Status	amount: □ \$55 Filing Fo Certified Co		S60 Filing Fee, Certificate of Status &

Certified Copy

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: CONVERGE ACQUISITION, LLC	
Enter new principal office address, it applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•
2. The Florida document number of this fimited liability company is: M1900004208	
3. Jurisdiction of its organization: DE	
4. Date authorized to do business in Florida: 04/25/2019	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: Converge Technology Solutions US, LLC (must contain "Limited Liability Company, " "L.L.C.," or "L.C.")	
(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: InCorp Services, Inc.	
New Registered Office Address: 17888 67th Court North Enter Florida Street Address	
Loxahatchee , Florida 33470 City Zip Code	
New Registered Agent's Signature, if changing Registered Agent: Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change. Kathy Shin on behalf of InCorp Services,	Inc.

. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change:					
tle/ Capacity	Name	Address	Type of Action		
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			UAdd		
aforementioned an	icate, if required; no more than 90 da tendment(s), duly authenticated by the the law of which, this entity is organize	e official having custody of records in th	LlReind		
jurisaletion under i	AMA H	anthorized representative			

Typed or printed name of signee

Filing Fee: \$25.00

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CORUS ACQUISITION,

LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"CONVERGE ACQUISITION, LLC", ON THE TWENTY-EIGHTH DAY OF MARCH,

A.D. 2018, AT 9:31 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "CONVERGE

ACQUISITION, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "CONVERGE TECHNOLOGY SOLUTIONS US, LLC", ON THE THIRD DAY

OF FEBRUARY, A.D. 2022, AT 12:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERGE

TECHNOLOGY SOLUTIONS US, LLC", IS THE LAST KNOWN TITLE OF RECORD

OF THE AFORESAID LIMITED LIABILITY COMPANY.

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: 204006854

Date: 07-26-22



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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERGE

TECHNOLOGY SOLUTIONS US, LLC" WAS FORMED ON THE TWENTY-SECOND DAY

OF AUGUST, A.D. 2017.



6519523 8321 5R# 20223085456 Authentication: 204006854

Date: 07-26-22