Division of Corporations

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Division of Corporations

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From:

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

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

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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 St.		
(Principal office address	Attention Claudia Anzur/Accenture		
MUST BE A STREET ADDRESS)	Chicago, IL 60661		
Enter new mailing address, if applicable:	500 W. Madison St. Attention Claudia Anzur/Accenture		
(Mailing address MAY BE A POST OFFICE BOX)			
	Chicago, IL 60661	2	_
2. The Florida document number of this limited lie		2025 JAN	
3. Jurisdiction of its organization: DE			
4. Date authorized to do business in Florida: 12/0	-7 /		
SECTION II (5-9 complete only the applicable	-		
5. New name of the limited liability company:	Accenture I&CP, LLC	<u>6</u>	
(mus	st contain "Limited Liability Company,"	""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.	inaging members adopting the alternate	in Florida and attach a name. The alternate na	a ime
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter ddress here:	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	0 0 10		
	Enter Florida Street Address		
	, Flo	zip Code	
New Registered Agent's Signature, if changing Ro	·	•	
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 regis, 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 capacity. I fur and complete performance of my duties tered agent as provided for in Chapter & in the registered office address, I hereb	s, and I am familiar wi 805, F.S. Or, if this	ith

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	Name	Address	Type of Action			
			Remo			
			\ \Backsquare Add			
			□Remo			
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aforementioned ame	ate, if required: no more than 90 day ndment(s), duly authenticated by the law or white this entity is organize Robert F. Goldman	official having custody of recorded,	Remo			
aforementioned ame	ndment(s), duly authenticated by the taw or wind this entity is organized Robert F. Goldman	official having custody of record	s in the			

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 1&CP, 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 TWENTIETH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCENTURE ISCP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2018.

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

6951182 8300 SR# 20244563733 Authentication: 205195486

Date: 12-20-24