

M2000001287
 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

2020 APR 22 AM 8:55

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

Email Address: _____

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2020 APR 22 PM 12:13

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SCI WDSFMS SERVICES, LLC**

Certificate of Status	0
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Page Count	04
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APR 22 2020

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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: SCI WDSFMS SERVICES, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

161 N. Clark Street

Chicago, IL 60601

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

161 N. Clark Street

Chicago, IL 60601

2. The Florida document number of this limited liability company is: M20000001287

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/30/2020

SECTION II (3-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1

Enter Florida Street Address

North Palm Beach
City

Florida 33408
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.

Anthony Dispenza, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Accenture LLP</u>	<u>161 N.Clark Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago, IL 60601</u>	<input type="checkbox"/> Remove
<u>President</u>	<u>Aaron Holmes</u>	<u>161 N. Clark Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago, IL 60601</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Ronald Roberts</u>	<u>161 N. Clark Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago, IL 60601</u>	<input type="checkbox"/> Remove
<u>Treasurer</u>	<u>Brian J. Kowles</u>	<u>161 N. Clark Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago, IL 60601</u>	<input type="checkbox"/> Remove
<u>VP - Tax Matters</u>	<u>Norma L. Evans</u>	<u>161 N. Clark Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago, IL 60601</u>	<input type="checkbox"/> 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

Anthony Dispenza, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

SCI WDSFMS SERVICES, LLC (599 – 840)

List of Officers and Member

Admission to Remove Member

The Sierra-Cedar Group, Inc.
1255 Alderman Dr.
Alpharetta, GA 30005-4156

2020 APR 22 AM 8:55
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