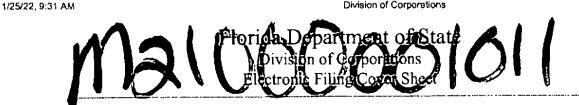
Division of Corporations



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.

(((H22000031825 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

SECOND SUBMISSION! Please provide original submission date of 1/25/2022 as the file date.

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. **

office@orcomus.com Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXCO CORPORATE SERVICES LLC

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

SECOND SUBMISSION! Please provide original submission date of 1/25/2022 as the file date.

Electronic Filing Menu

Corporate Filing Menu

Help

From: Alexis Gregor

Page: 5 of 6

Fax Audit # H22000031825 3

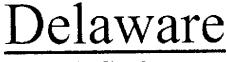
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| State:EXCO CORPORATE SERVICES LLC | | _ |
| Enter new principal office address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| 2. The Florida document number of this limited liab | bility company is: M21000001071 | |
| 3. Jurisdiction of its organization: | | |
| 4. Date authorized to do business in Florida:1/26 | 5/2021 | |
| SECTION II (5-9 complete only the applicable c | | |
| | ORCOM CORPORATE SERVICES LLC contain "Limited Liability Company," "L.L.C" | or "LLO") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.I., C | laging members adopting the alternate name. The | and attach a alternate maine |
| 6 If amending the registered agent and/or registere registered agent and/or the new registered office ad | d officer address on our records, <u>enter the name o</u> ldres <u>s here.</u> | of the new = |
| Name of New Registered Agent: | | ر |
| New Registered Office Address: | Enter Florida Street Address | |
| | . Florida | |
| • | | p Code |
| New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of this | it and agree to act in this capacity. I further agree and complete performance of my duries, and I am ered agent as provided for in Chopter 605, E.S. O in the registered office address, I hereby confirm | r jannuar wuu r, if this |

| Fax Audit# | H2200003 | 1825.3 |
|------------|----------|--------|
|------------|----------|--------|

| | , | | | | |
|--------------------------|------------------|------------------|------------------------------------------------------------------|---------------|-----------------|
| If the amendment chang | es person, title | or capacity in a | ccordance with 605,0902 (1)(e), indic | nte that char | ige: |
| | ــــ نه ـــــ | | | | |
| ille/ Capacity | Name | | <u>Address</u> | <u>Typ</u> : | e of Action |
| | | | | | |
| · . | | · | | | □Add |
| | | | | • | |
| | | | | | <u>∐</u> Remove |
| | | | | • | - |
| | | . | | | □Add |
| | , | | | | |
| | : | | | | □Remov |
| | • | | | | |
| | • | | | | □Add |
| | | | | | CARI |
| | | | | | |
| · | • | | | | □Remov |
| | • | | | | |
| | · | | | | □Add |
| | • | | | | |
| | | ٠. | , | | □Remov |
| | | · | | | |
| | | | · | | |
| | | + p vi- | | | . □Add |
| | | • | | | • |
| | · . | | | | □Remov |
| aforementioned amend | lment(s), duly a | utheuticated by | days old, evidencing the the official having custody of recon | ds in the | - |
| jurisdiction under the l | aw of which thi | s entity is orga | nized. | | |
| . , | · | Signature of | the authorized representative | | |
| | | | | | |
| • | Aline Darmou | | ued name of signee | _ | |



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EXCO CORPORATE
SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CRANGING ITS
NAME TO "ORCOM CORPORATE SERVICES LLC" ON THE TWENTIETH DAY OF
DECEMBER, A.D. 2021, AT 1:18 O'CLOCK P.M.



Authentication: 202458191

Date: 01-21-22

4548049 8320 SR# 20220212123