M22000016519

(1	Requestor's Name)	-		
	A .t.()			
(/	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	_			
(1)	Business Entity Name)			
(1	Document Number)			
Certified Copies	Certificates of	f Status		
Special Instructions to	Filing Officer:			
•				

Office Use Only



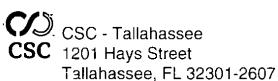
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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 08/10/23

Order #: 1246392-3 Re: Utegration, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195

me Delenan

auth:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations Utegration, LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Buckner II Name of Person c/o Cognizant Technology Solutions Legal Department Firm/Company 300 Frank W. Burr Boulevard, Suite 36, 6th Floor Address Teaneck, NJ 07666 City/State and Zip Code Robert.Bucknerii@cognizant.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Buckner II 763-0150 Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$30 Filing Fee & □\$25 Filing Fee ☐ \$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy CR2E055 (9/15)

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 appear	s on the records of the Florida Department of		
State: Utegration, LLC			
Enter new principal office address, if applicable:	1415 Louisiana Street, Suite 2375		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Houston, TX 77002		
Enter new mailing address, if applicable:	c/o Cognizant Technology Solutions Legal Department		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	300 Frank W. Burr Boulevard, Suite 36, 6th Floor		
	Teaneck, NJ 07666		
2. The Florida document number of this limited lia	ability company is: M22000016519		
3. Jurisdiction of its organization: Delaware	- -		
4. Date authorized to do business in Florida: Octo	ರ್ಣ 27, 2022 ್ನಾ		
SECTION II (5-9 complete only the applicable	• -		
 New name of the limited liability company: (mus 	t 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 mainust contain "Limited Liability Company," "L.L.C	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")		
registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	Florida		
	, Florida		
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited		

If Changing Registered Agent. Signature of New Registered Agent

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
Manager	David Head	1415 Louisiana Street, Suite 2375	□Add
		Houston, TX 77002	■Remo
Manager	Alan Tan	1415 Louisiana Street, Suite 2375	□Add
		Houston, TX 77002	≣ Rem
Manager ——	Bin Yu 	1415 Louisiana Street, Suite 2375	□Add
		Houston, TX 77002	≣Rem
Manager Bart Theilbar	Bart Theilbar	1415 Louisiana Street, Suite 2375	□Add
		Houston, TX 77002	≣Rem
Member	RLH III UTE ALTERNATIVE COMPANY LLC	1415 Louisiana Street, Suite 2375	∃ Add
		Houston, TX 77002	□Rem
	a certificate, if required: no more than 90 d med amendment(s), duly authenticated by t under the law of which this entity is organi	he official having custody of records in th	e

Filing Fee: \$25.00