

M98000000725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

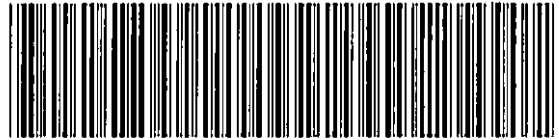
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400314927014

06/21/18--01006--026 \*\*25.00

18 JUN 21 PM 3:02

JUN 27 7:00 PM  
J. HARRIS

FILED  
JUN 26 2018  
JUN 26 2018

FILED  
JUN 26 2018  
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FILED  
JUN 26 2018  
JUN 26 2018

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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**WALK IN**

**PICK UP:**

6/21/18

☐ **CERTIFIED COPY**

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☒ **FILING**

Amendment

1. NETWORK BILLING SYSTEMS, L.L.C.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

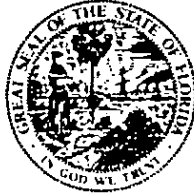
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2018

*corrected*

18 JUN 26 PM 3:17  
RECEIVED

CORPORATE ACCESS

SUBJECT: NETWORK BILLING SYSTEMS, L.L.C.  
Ref. Number: M98000000725

We have received your document for NETWORK BILLING SYSTEMS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 318A00013205

2018 JUN 26 AM 8:01  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2018

CORPORATE ACCESS

SUBJECT: NETWORK BILLING SYSTEMS, L.L.C.  
Ref. Number: M98000000725

*corrected*

We have received your document for NETWORK BILLING SYSTEMS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is N01000006483.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 318A00013015

**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: NETWORK BILLING SYSTEMS, L.L.C.

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 liability company is: M98000000725

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 07/02/1998

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Fusion, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Fusion Connect, 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_  
City Florida 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

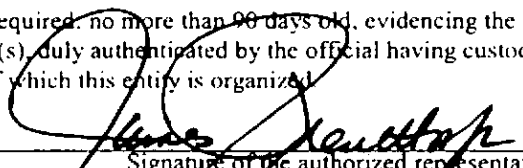
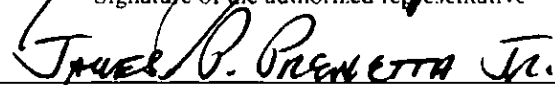
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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  
  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2018 JUN 26 AM 8:01  
CLERK OF COURT  
JAMES B. PENETTA, JR.

Filing Fee: \$25.00

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name: FUSION LLC  
Business Id: 0600051365  
Certificate Number: 6000086300

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT A NAME CHANGE ON May 1, 2018 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY  
HAND AND AFFIXED MY OFFICIAL SEAL AT  
TRENTON, THIS  
June 21, 2018 A.D.



*Elizabeth Maher Hudd*  
ELIZABETH MAHER HUDD  
ACTING STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT

[WWW.STATE.NJ.US/TREASURY/CERTIFICATES/VERIFY.ASP](http://www.state.nj.us/treasury/certificates/verify.asp)

New Jersey Division of Revenue and Enterprise Services  
**Certificate of Amendment**  
 Limited Liability Company  
 NJSA 42:2C-19

CGN

**To file electronically:**

1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)
2. Click the "Add Attachments" button to add attachments if required (Check the field by field instructions to see if you must include an attachment(s)).
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form.  
 (This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

A limited Liability Company on file with the Division of Revenue and Enterprise Services may use this form to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 42:2C, the Revised Uniform New Jersey Limited Liability Company Act.

**FILED**

MAY - 1 2018

**STATE TREASURER**

Name of Limited Liability Company:

NETWORK BILLING SYSTEMS, L.L.C.

1. Business ID Number:

0600051385

2. The Certificate of Formation is amended as follows (provide attachments if needed):

The name of the Limited Liability Company is Fusion LLC.

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature:

Title:

Name:

Date:

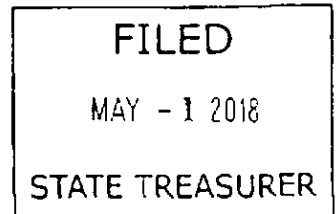
Add Attachments

Open the Central Forms Repository Home Page to start the Form Submission Process

S. J. H. H. H.  
 1548307



New Jersey Division of Revenue  
Application for Transfer of Reserved Name



Pursuant to the laws of the State of New Jersey, the undersigned hereby transfers to:

Transferee Name: **Registered Agent Solutions, Inc.**

Transferee Address: **1701 Directors Blvd., Suite 300**

City: **Austin**

State: **TX**

Zip: **78744**

All rights in the following name: **Fusion, LLC**

(Business Name With Designator, ie Corp., Inc., LLC, LLP, etc.)

Transferor's Name (type): **Cogency Global Inc.**

Transferor's Signature:

Date:

4/18/2018

Transferor's Title: **Vice President**

**\*\*The transferred reservation is effective for the balance of the current 120 day registration period. The transferred reservation may be renewed (prior to the lapse of the 120 day period), transferred or canceled.**

NJ Division of Revenue, PO Box 308, Trenton, NJ 08646

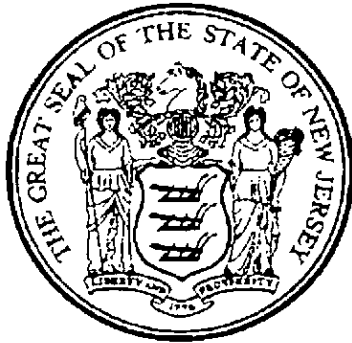
2949978

5210694

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
CERTIFICATE OF NAME CHANGE

FUSION LLC

I, the Treasurer of the State of New Jersey, do hereby certify,  
that on May 30, 2018, a name change certificate  
was duly filed in this office, changing the business name from  
**Network billing system, llc**  
to:  
**Fusion LLC**



Certificate Number: 140603574

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
18th day of June, 2018

A handwritten signature in cursive script, reading "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer