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TALLAHASSEE, FLORIDA

J. BRYAN

APR 16 2012

EXAMINER



Gwen D. Rand
Senior Corporate Paralegal

Xerox Business Services, LLC
2828 N. Haskell Avenue
Building 1, 9th Floor
Dallas, TX 75204

gwenrand@xcs-inc.com
tel: 214-341-6180
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April 12, 2012

Via UPS Overnight Courier

Florida Department of State
Division of Corporations—Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment to Foreign Registration – Name Change

Dear Florida Division of Corporations,

Regarding the attached entity's recent name change in its domestic State of formation, enclosed is our **Application By Foreign Limited Liability Company To File Amendment To Application For Authorization To Transact Business In Florida**, with attached evidence from its domestic State of formation. Also enclosed is our check for payment of your processing fees.

Upon filing, please return file-marked copies of same to the following person (a self-addressed envelope is provided):

Kathy L. Brown, Paralegal
Affiliated Computer Services, LLC
2828 N. Haskell Ave, Bldg 1, 9th Floor
Dallas, Texas 75204

We appreciate your wonderful service, and please don't hesitate to contact me directly, should you have any questions or concerns.

Sincerely,

Gwen Rand

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACS State Healthcare, LLC
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:

Kathy L. Brown, Corporate Paralegal
Name of Person

ACS State Healthcare, LLC
Firm/Company

2828 N. Haskell Avenue, Bldg-1, 9th Floor
Address

Dallas, TX 75204
City/State and Zip Code

acs.legal-corporate@acs-inc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy L. Brown, Corporate Paralegal at (214) 841-6346
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: ACS State Healthcare, LLC

2. Jurisdiction of its organization: State of Delaware

3. Date authorized to do business in Florida: 7/29/1999

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? April 1, 2012

5. New name of the limited liability company: Xerox State Healthcare, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

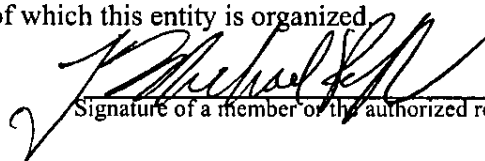
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, 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 a member or the authorized representative of a member

J. Michael Pepper, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ACS STATE HEALTHCARE, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "XEROX STATE HEALTHCARE, LLC", THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2012, AT 10:26 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE FIRST DAY OF APRIL, A.D. 2012, AT 12:01 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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TALLAHASSEE, FLORIDA

3021220 8320

120381565

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9473214

DATE: 04-02-12