

M19000011194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

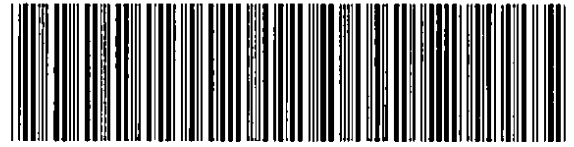
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/22/23--01021--013 **60.00

2023 AUG 22 PM 12:40
DIVISION OF CORPORATIONS

2023 AUG 22
R. HUNT
08/22/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ES OPCO USA LLC (dba Vesperis)

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:

R. Christopher Potts

Name of Person

ES OPCO USA LLC (dba Vesperis)

Firm/Company

10800 Pecan Pacan Park Blvd. Suite 300

Address

Austin, Texas 78750

City/State and Zip Code

chris.potts@veseris.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Potts

at (317) 517-6431

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**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: ES OPCO USA LLC

Enter new principal office address, if applicable: _____

N/A

(Principal office address

MUST BE A STREET ADDRESS)

10800 Pecan Park Blvd. Suite 300

Austin TX, 78750

Enter new mailing address, if applicable: _____

N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000011194

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 11/21/2019

SECTION II (5-9 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: _____

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

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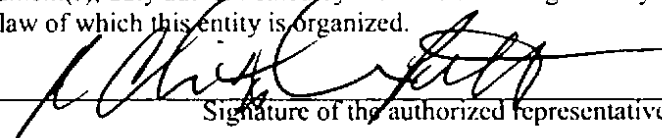
FILED
DIVISION OF CORPORATE AFFAIRS

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 that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	McEuen, Trace	10800 Pecan Park Blvd Suite 300	<input type="checkbox"/> Add
		Austin TX 78750	<input checked="" type="checkbox"/> Remove
CEO	Ken Bradley	10800 Pecan Park Blvd Suite 300	<input checked="" type="checkbox"/> Add
		Austin, TX 78750	<input type="checkbox"/> Remove
CFO	Smith, Cody	10800 Pecan Park Blvd Suite 300	<input type="checkbox"/> Add
		Austin, TX 78750	<input checked="" type="checkbox"/> Remove
CFO	Rich, Jason	10800 Pecan Park Blvd Suite 300	<input checked="" type="checkbox"/> Add
		Austin, TX 78750	<input type="checkbox"/> Remove
Authorize	Olds, Rick	10800 Pecan Park Blvd Suite 300	<input type="checkbox"/> Add
		Austin, TX 78750	<input checked="" 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

R. Christopher Potts

Typed or printed name of signee

Filing Fee: \$25.00

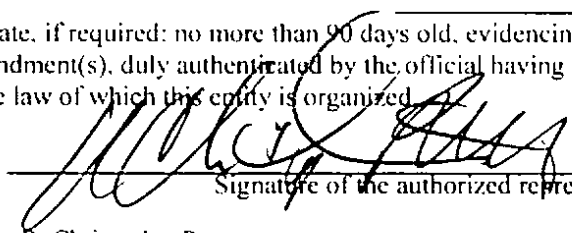
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DIVISION OF CORPORATE AFFAIRS

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>
CEO	McEuen, Trace	10800 Pecan Park Blvd Suite 300	<input type="checkbox"/> Add
		Austin TX 78750	<input checked="" type="checkbox"/> Remove
Treasurer	Smith, Cody	10800 Pecan Park Blvd Suite 300	<input type="checkbox"/> Add
		Austin, TX 78750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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
R. Christopher Potts

Typed or printed name of signee

Filing Fee: \$25.00

2023 AUG 22 PM 12:40
STATE OF TEXAS
DIVISION OF CORPORATE AFFAIRS