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State Of WASH AND TRANSP COMMISSION

August 28, 2020

# VIA ELECTRONIC FILING

Secretary State of Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr., SW Olympia, WA 98504

> Re: Velocity, A Managed Services Company, Inc. f/k/a Velocity The Greatest Phone Company Ever, Inc. Original Docket No.: UT-090938

Dear Sir or Madam:

Please be advised that Velocity The Greatest Phone Company Ever, Inc. has changed its name to Velocity, A Managed Services Company, Inc. Attached please find a copy of the customer notice along with the Amended Certificate of Authority issued by the Secretary of State.

If you have any questions or if we may provide you with any additional information, please do not hesitate to contact Kali Reeves at kreeves@telecomcounsel.com or 770-232-9145.

Respectfully submitted,

/s/ Lance J.M. Steinhart

Lance J.M. Steinhart, Esq. Managing Attorney Lance J.M. Steinhart, P.C. *Velocity, A Managed Services Company, Inc. f/k/a Velocity The Greatest Phone Company Ever, Inc.* 

Enclosures cc: William Werner



7/13/2020

Dear Valued Customer,

On November 12th, 2019 Velocity, The Greatest Phone Company Ever, Inc. changed its name to Velocity, A Managed Services Company, Inc.

As always, Velocity, A Managed Services Company, Inc. f/k/a Velocity, The Greatest Phone Company Ever, Inc. appreciates your business and encourages you to contact our Customer Service Department at (866) 983-5624 with any questions.

Thank you. Customer Service Velocity, A Managed Services Company, Inc.



This Box For Office Use Only

FILED Secretary of State State of Washington Date Filed: 03/23/2020 Effective Date: 03/23/2020 UBI No: 602 882 751

□ Expedite Service \$50

Nonprofit Amendment \$20

□ All Other Entity Types Amendment \$30

# AMENDMENT OF FOREIGN REGISTRATION STATEMENT <u>RCW 23.95</u>

Please provide UBI # (as currently recorded with the Office of the Secretary of State)						
NAME OF FOREIGN ENTITY: (as currently recorded with the Office of the Secretary of State) Velocity The Greatest Phone Company Ever, Inc.						
BUSINESS TYPE CHANGE:						
Is this for a Nonprofit Corporation? (Check one) 🗆 Yes 🔳 No						
If yes, please continue to page 2. If no, please continue below						
Are you changing your business type? (Check one) 🗆 Yes 🔳 No (if no, continue to page 2)						
f yes, select the change being made:						
FOREIGN LIMITED LIABILITY COMPANY						
□ FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP						
□ FOREIGN LIMITED LIABILITY PARTNERSHIP						
FOREIGN LIMITED PARTNERSHIP						
GIN FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY						
FOREIGN PROFESSIONAL LIMITED LIABILITY PARTNERSHIP						
FOREIGN PROFESSIONAL SERVICE CORPORATION						
FOREIGN PROFIT CORPORATION						
FOREIGN PUBLIC UTILITY CORPORATION						

ENTITY NAME CHANGE:	Are you changing your	business name?  Yes	□ No If no	, continue to Jurisdiction
				,

If yes, do you already have an entity name reserved? 
Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number:

Name: Velocity, A Managed Services Company, Inc.

# DOING BUSINESS AS (DBA) NAME: RCW 23.95.525

If above name is not available, enter a name to be used in Washington State.

JURISDICTION: Required only if changed					
Country: Sta	State:				
PRINCIPAL OFFICE: Required only if changed					
Principal Office Street Address (Must be a physical address; No PO Box or PMB) Address:	Mailing Address (optional) <ul> <li>Check if mailing address is the same as street address.</li> </ul> Address:				
Zip: City:           State: Country:	Zip: City:         State: Country:				
Phone: (optional) Email: (o	ptional)				
GOVERNOR(S): Required only if changed					
List at least one, attach additional pages if necessary *An entity cannot serve as its own Governor          Name:       Gregory Kiley         Name:       Ron Ranallo					
Name: Mark Walker	Name: James I. Rothschild				
William Warnen	Name:				
PERIOD OF DURATION IN HOME JURISDICTION: Required only if changed Please check ONE of the following					
□ This Company shall have a perpetual duration □ This Company shall have a duration of years.					
This Company shall expire on					
Has your registered agent changed? 🗆 YES 🔳 NO 🛛 If Yes, please be sure to complete page 3					

## NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? 🗆 Yes 🗆 No

If Yes, provide the name of the Commercial Registered Agent:

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

#### A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete <u>ONE</u> type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

🗆 Individual	🗆 Entity		Office or Position	
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)		List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)	
Phone:	_ Er	nail:		
Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB)		Registered Agent Mailing Address (optional) <ul> <li>Check if mailing address is the same as street address</li> </ul>		
Country: <u>United States</u> State: <u>Washington</u>		Country: United S	States State: Washington	
Address :		Address :		
Zip: City:		 Zip:	City:	

#### CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent

Printed Name/Title

Date

### NATURE OF BUSINESS: Required only if changed

Briefly describe the type of business your entity conducts in the state of Washington:

#### **EFFECTIVE DATE:** Required only if changed

□ Date of filing □ Specify a Date

cannot be more than 90 days following received date

## **RETURN ADDRESS FOR THIS FILING: (Optional)**

This address will be sent document(s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/mailing address.

Attention to: Stacey Stamitoles

Email: sstamitoles@shumaker.com

Address: Shumaker, Loop & Kendrick, LLP, 1000 Jackson Street

State OH

City Toledo

Zip 43604

#### AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Authorized Person

James I. Rothschild, Executive Vice President and General Counsel

3/9/2020

Printed Name/Title

Date

The First State

Delaware

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VELOCITY, A MANAGED SERVICES COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VELOCITY, A MANAGED SERVICES COMPANY, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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of State

Authentication: 202581722 Date: 03-13-20

Page: 5 of 6

Page 1