



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/22/2016	201632700636	Foreign/Amendment (FAM)	50.00	100.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM - KAITY TOON
4400 EASTON COMMONS WAY STE 125
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
438991

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
MOTOROLA SOLUTIONS, INC.

and, that said business records show the filing and recording of:

Document(s)
Foreign/Amendment

Document No(s):
201632700636

Effective Date: 11/21/2016



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
22nd day of November, A.D. 2016.

Ohio Secretary of State



Form 565 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 1329

Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).

P.O. Box 1390

Columbus, OH 43216

Certificate of Amendment to Foreign Licensed Corporation Application (For-profit or Nonprofit Foreign Corporation)

Filing Fee: \$50
(179-FAM)

A foreign corporation must file a Certificate of Amendment if, in amending its articles of incorporation, it modifies any of the information included in its application for license to transact business in Ohio or in any amendment to that application.

Complete the following information (as currently on file in the Ohio Secretary of State's office).

The foreign corporation named below amends its application for its license to transact business in Ohio.

Name of Corporation

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable)

Jurisdiction of Formation

Ohio License Number

Complete only the information below that has been amended.

The information provided below supersedes the information currently on file with the Ohio Secretary of State's Office.

Name of Corporation

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable)

Jurisdiction of Formation

Location of principal office

Mailing Address

City

State

ZIP Code

Location of any Ohio office

Mailing Address

City

Ohio

State

ZIP Code

A brief summary of the corporate purpose(s) to be exercised within the state:

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized officer of the corporation.



Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Sue Conatser

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name