

(Requestor's Name)					
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OCT 3 0 2019

M. SOLOMON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 927461 8023733						
AUTHORIZATION: Spulle man						
COST LIMIT : \$ 52.50						
ORDER DATE : October 28, 2019						
ORDER TIME : 9:34 AM						
ORDER NO. : 027461-020						
CUSTOMER NO: 8023733						
FOREIGN FILINGS						
NAME: SOVEREIGN-THYSSEN LP						
CORPORATE  XX LIMITED PARTNERSHIP  LIMITED LIABILITY COMPANY						
XXXX AMENDMENT						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

## **COVER LETTER**

TO:	Registration Division of	Section Corporations		
SUBJ	ECT: Soverei	gn-Thyssen LP		
3 4 4 4		Name of Foreign Limited	Partnership or Limited Liab	ility Limited Partnership
The e	nclosed amen	dment and fee(s) are so	ubmitted for filing.	
Please	return all cor	respondence concerni	ng this matter to:	
Meliss	a Taub			
· · · · · · · · · · · · · · · · · · ·		Contact Person		
Kierna	n Herner LLP			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
105 Da	inbury Road, Sui	te 203		
Ridgefi	ield, CT 06877	Address	<del></del>	
<del></del>	(	City, State and Zip Code	<del></del>	
mtaub@	gkiernanhemer.c	com		·
E-	mail address: (to	be used for future annual	report notification)	
For fur	ther informat	ion concerning this ma	atter, please call:	
Melissa	M. Taub		at ( 975-	8821
	Name of Co	ntact Person		aytime Telephone Number
Enclos	ed is a check	for the following amou	unt:	
\$52.	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
Registr Divisio Clifton 2661 E.	ET ADDRES ration Section of Corporat Building xecutive Centissee, FL 323	ions er Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, F	Section orporations 27

☐Remove ☐Change

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is: Sovereign-Thyssen LP 2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B18000000113 2. The jurisdiction of its formation is: Nevada 3. The date the entity was authorized to transact business in Florida is: April 24, 2018 4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name: Sovereign Hydroseal LP Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 5. If the amendment changes the general partner(s), list the name and business address of each general partner: Name: Business Address: Sovereign Hydroscal Holdings, Inc. 32-02 Vernon Boulevard Add Remove Astoria, New York 11106 Sovereign-Thyssen Holdings Inc. 2409 Albert St. N, PO Box 1997 Remove Regina, Saskatchewan S4P-3E1 CA Change Remove ☐ Change Remove Change □Add Remove Change  $\square$ Add

6. If the amer	ndment changes the jurison	diction of organizat	ion, indicate new jurisdi	ction:	
7. If the amer corrected and	ndment corrects any false the correction:	statement listed in	the application, indicate	the statement being	60 80 80
Not Applicabl	e				즘
<del></del>					· 2
<del></del>		<del>_</del>			. 3
		· · · · · · · · · · · · · · · · · · ·			·'
8. If the amen the appropriate	dment is to add or delete e box:	an election to be a	limited liability limited	partnership statement	, check
	The entity elects to be	a limited liability l	imited partnership.		
	The entity is no longer	a limited liability	limited partnership.		
amendment(s).	an original certificate, no duly authenticated by th ty is organized.	o more than 90 days e official having cu	s olds, evidencing the af istody of records in the j	orementioned urisdiction under the	law of
10. Effective of	date, if other than the date	of filing:		{optional	<b>)</b>
(If an effective days after filing	date, if other than the date date is listed, the date m	ust be specific and a	cannot be prior to date o	of filing or more than	90
Note: If the date	e inserted in this block doe document's effective date	es not meet the appli	cable statutory filing requ	irements, this date wil	l not
	sodament 5 effective date	on the Department (	it state's records.		
Signature of a s	general partner:	~			
Typed or printe	ed name:		-		
•	rnan, Secretary of General	Partner			
Filing Fee: Certified Copy Certificate of S	y (optional): Status (optional): \$8.75	\$52.50 \$52.50	_		

SECRETARY OF STATE



## **CERTIFICATE OF NAME CHANGE**

I. BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 11/08/2018, a **Amendment** changing the name **SOVEREIGN HYDROSEAL LP** was filed by SOVEREIGN-THYSSEN LP. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certificate Number: B20191002264526

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/02/2019.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

## **COVER LETTER**

TO: Registration Division of	n Section f Corporations			
SUBJECT: Sovere	eign-Thyssen LP			
	Name of Foreign Limited	Partnership or Limited Liab	ility Limited Partnership	
The enclosed ame	ndment and fee(s) are s	•		
Please return all co	orrespondence concerni	ng this matter to:		
Melissa Taub				
	Contact Person			
Kieman Herner LLP				
	Firm/Company	<del></del>		
105 Danbury Road, St	uite 203			
	Address			
Ridgefield, CT 06877		<del></del>		
	City, State and Zip Code			
mtaub@kiernanherner	.com			
E-mail address: (	to be used for future annual	report notification)		
For further informa	tion concerning this ma	atter, please call:		
Melissa M. Taub		at () 975-	8821 aytime Telephone Number	
Name of Co	ontact Person	Area Code Da	sytime Telephone Number	
Enclosed is a check	for the following amou	unt:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING A		
Registration Section Division of Corpora		Registration Section		
Clifton Building	wong	Division of Corporations P. O. Box 6327		
2661 Executive Cer Tallahassee, FL 32		Tallahassee, F		