

ME2 000 000 861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

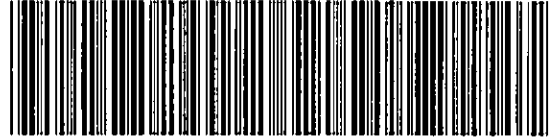
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 DEC 23 AM 9:26
STATE OF ARIZONA
DEPARTMENT OF CORPORATE AFFAIRS

JAN 25 2021
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED
DIVISION OF CORPORATIONS
19 DEC 23 AM 9:26

SUBJECT: Greeley and Hansen 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:

John C. Robak
Name of Person

Greeley and Hansen
Firm/Company

100 South Wacker Drive, Suite 1400
Address

Chicago, IL 60606
City/State and Zip Code

jrobak@greeley-hansen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Henderson at (312) 578-2307
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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

19 DEC 23 AM 9:26
Florida Department of
Business and Professional Regulation

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: Greeley and Hansen LLC

Enter new principal office address, if applicable: _____
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M02000000861

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 04/03/2002

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.

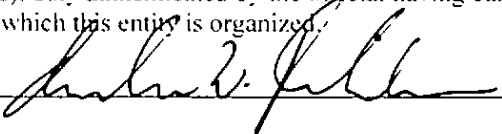
If Changing Registered Agent, Signature of New Registered Agent

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>
President	John C. Robak	100 South Wacker Drive, Suite 1400 Chicago, IL 60606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Executive Vice President	Michael J. Hope	1700 Market Street, Suite 2130 Philadelphia, PA 19103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Managing Director, Florida Engineering Operations	Christopher B. High	1715 North Westshore Blvd, Suite 464 Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input 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.



Andrew W. Richardson

Typed or printed name of signee

Filing Fee: \$25.00