

M03000001077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

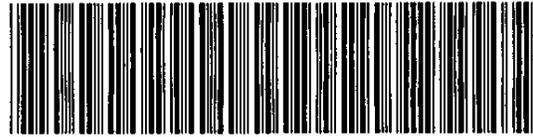
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500286644105

RECEIVED
DEPT. OF REVENUE
16 JUN -9 AM 10:59

2018 JUN -9 PM 4:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

M. MILLIGAN
EXAMINER

JUN 10 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

FILED
2016 JUN -9 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195
REFERENCE : 104121 7249023
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : April 14, 2016
ORDER TIME : 9:06 AM
ORDER NO. : 104121-420
CUSTOMER NO: 7249023

FOREIGN FILINGS

NAME: HATCH MOTT MACDONALD
OPERATING SERVICES, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hatch Mott MacDonald Operating Services, 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:

Mark G. O'Connor
Name of Person

c/o Mott MacDonald Group, Inc.
Firm/Company

111 Wood Avenue South, 5th Floor
Address

Iselin, New Jersey 08830
City/State and Zip Code

FILED
2016 JUN -9 PM 4:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Mark.oconnor@mottmac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark G. O'Connor at (973) 379-3400
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**

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: Hatch Mott Macdonald Operating Services, 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: M03000001077

3. Jurisdiction of its organization: NJ

4. Date authorized to do business in Florida: 4/2/03

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Mott Macdonald Operating Services, LLC
(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

_____, Florida _____
City 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

2006 JUN -9 PM 4:33
FILED
S. STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2018 JUN -9 PM 4:33
 FILED
 CLERK OF STATE
 TULSA COUNTY, OKLAHOMA

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.

Mark G. O'Connor

Signature of the authorized representative

Mark G. O'Connor, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

MOTT MACDONALD OPERATING SERVICES, LLC
0600157946

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department a
Certificate of Amendment on May 23rd, 2016
and that the attached is a true copy of this
document as the same is taken from and compared
with the original(s) filed in this office and now
remaining on file and of record.*



Certificate Number: 138583291

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of May, 2016*

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

Ford M. Scudder
Acting State Treasurer

FILED
2016 JUN -9 PM 4:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

L-102 Rev 11/2014

New Jersey Division of Revenue and Enterprise Services
Certificate of Amendment
Limited Liability Company
NJSA 42:2C-19

FILED
MAY 23 2016
STATE TREASURER

A limited liability company on file with the Division of Revenue and Enterprise Services may use this form to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 42:2C, the Revised Uniform New Jersey Limited Liability Company Act.

Name of Limited Liability Company:

Hatch Mott MacDonald Operating Services, LLC

1. Business ID Number:

0600157946

2. The Certificate of Formation is amended as follows (provide attachments if needed):

The company has changed its name to Mott MacDonald Operating Services, LLC

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature: Mark G. O'Connor

Title: Authorized Person - Assistant Secretary

Name: MARK G. O'CONNOR

Date: MAY 18, 2016

FILED
2016 JUN -9 PM 4:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA