MOS 600004040

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 104121 7249023 AUTHORIZATION-COST LIMIT U: \$ 25.00 ORDER DATE: April 14, 2016 ORDER TIME: 9:13 AM ORDER NO. : 104121-465 CUSTOMER NO: 7249023 FOREIGN FILINGS NAME: HATCH MOTT MACDONALD, LLC CORPORATE _ LIMITED PARTNERSHIP XX _ 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: Courtney Williams -- EXT# 62935

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hatch Mott MacDona	ald, LLC
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) as	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Mark O'Connor	
Name of Person	
Hatch Mott MacDonald, LLC	
Firm/Company	
111 Wood Avenue Sout 5th	Floor
Address	
Iselin NJ 08830	
City/State and Zip Code	
Mark.Oconnor@mottmac.co	m
E-mail address: (to be used for future annual re	
For further information concerning this matter, pl	
Mark 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: \$\begin{array}{cccccccccccccccccccccccccccccccccccc	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	

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)

Finds and a file of the state o		
Enter new principal office address, if applicable: (Principal office address	111 Wood Avenue South, 5th Floor	
MUST BE A STREET ADDRESS)	Iselin NJ 08830	<u>.</u>
Enter new mailing address, if applicable:		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	111 Wood Avenue South, 5th Floor	
	Iselin NJ 08830	
2. The Florida document number of this limited liz	ability company is: M0500004040	
3. Jurisdiction of its organization: Delaware		16 h
4. Date authorized to do business in Florida: 11/		
SECTION II (5-9 complete only the applicable	changes)	्राज
5. New name of the limited liability company: New name of the limited liability company:	Nott MacDonald, LLC	= =
(mus	st contain "Limited Liability Company," "L.L.C.," or	"LLG")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	d for the purpose of transacting business in Florida and anaging members adopting the alternate name. The alter C." or "LLC.")	attach a
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ed officer address on our records, enter the name of the iddress here:	new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Address	
	, Florida City Zip Co	de
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	ent and agree to act in this capacity. I further agree to a rand complete performance of my duties, and I am fam tered agent as provided for in Chapter 605, F.S. Or, if the in the registered office address, I hereby confirm that	illiar with this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
le/ Capacity	Name	<u>Address</u>	Type of Action
			Add
		 	Remove
		1775 	∏Add
			Remove
			Add
			Remove
			Remove
			Add
Attached is a certifi	cate, if required: no more than 9	O days old, evidencing the	Remove
aforementioned am		by the official having custody of records anized.	in the
	May 6.	f the authorized representative	

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HATCH MOTT MACDONALD, LLC", CHANGING ITS NAME FROM "HATCH MOTT MACDONALD, LLC" TO "MOTT MACDONALD, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF MAY, A.D. 2016, AT 4:27 O'CLOCK P.M.

Authentication: 202364514

Date: 05-23-16

786567 8100 SR# 20163530518

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:27 PM 05/20/2016
FILED 04:27 PM 05/20/2016
SR 20163530518 - File Number 786567

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability Company: Hatch Mott MacDonald, LLC

1.

	s changed its n to Mott MacDon		tch Mott
•			
	•		
			
المستوادين	REOF, the undersign	4-1	
the	day of	7	_, A.D. 2016
		M/	a. 1
	By:	Hart 6.	Jours
		7 1	