

10/27/22, 10:44 AM

Division of Corporations

M11000001714

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRANSFORMER LIFECYCLE SERVICES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

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2022 OCT 27 10:28:22

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FIELD

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T. LEMIEUX

OCT 31 2022

# 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: Transformer Lifecycle Services, LLC

Enter new principal office address, if applicable: 15 Millpark Court  
Maryland Heights, MO 63043  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 15 Millpark Court  
Maryland Heights, MO 63043  
*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M11000001714

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 04/05/2011

## 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*

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

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LLC

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>                      |
|------------------------|---------------|-----------------------------------|--|
| Manager                | Mark Day      | 15 Millpark Court                 | <input checked="" type="checkbox"/> Add    |
|                        |               | Maryland Heights, MO 63043        | <input type="checkbox"/> Remove            |
| Manager                | Howard Fowler | 15 Millpark Court                 | <input checked="" type="checkbox"/> Add    |
|                        |               | Maryland Heights, MO 63043        | <input type="checkbox"/> Remove            |
| Manager                | Daniel Niccum | 15 Millpark Court                 | <input checked="" type="checkbox"/> Add    |
|                        |               | Maryland Heights, MO 63043        | <input type="checkbox"/> Remove            |
| Secretary              | Lyle Rohlf    | 118 MAPLE LANE, C/O MIKE PETERSON | <input type="checkbox"/> Add               |
|                        |               | DRESDEN, TN 38225                 | <input checked="" 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.

/s/ Mark Day  
Signature of the authorized representative

Mark Day, Manager  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**