

843201

\*\*\*PLEASE HONOR ORIGINAL DATE 04-21-17\*\*\*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS  
2017 APR 21 AM 11:00

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ASCO SERVICES, INC.**

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\*\*\*PLEASE HONOR ORIGINAL DATE 04-21-17\*\*\*



April 24, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ASCO SERVICES, INC.  
50-60 HANOVER ROAD  
FLORHAM PARK, NJ 07932

SUBJECT: ASCO SERVICES, INC.  
REF: 843201

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the date the name was changed in New Jersey on number 4 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring  
Regulatory Specialist II

FAX Aud. #: H17000109654  
Letter Number: 717A00007871

RECEIVED

17 APR 25 AM 7:44

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASCO SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 843201

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA VELASCO

Name of Contact Person

C/O PLATINUM LEGAL ADVISORS, LLC

Firm/Company

360 NORTH CRESCENT DRIVE

Address

BEVERLY HILLS, CA 90210

City/State and Zip Code

JMAROLDI@PLATINUMEQUITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB SANDLIN

Name of Contact Person

at (310) 228-9602  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

843201

(Document number of corporation (if known))

1. ASCO SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. NEW JERSEY

(Incorporated under laws of)

3. MAY 8, 1979

(Date authorized to do business in Florida)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 APR 21 AM 11:00

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 3-31-2017

5. ASCO POWER SERVICES, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

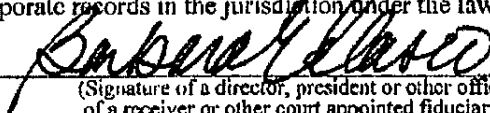
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

BARBARA VELASCO

(Typed or printed name of person signing)

ASSISTANT SECRETARY

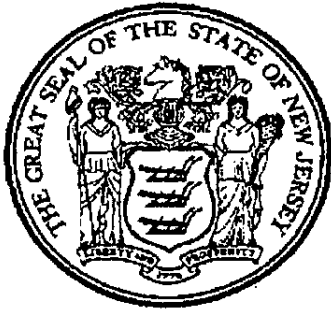
(Title of person signing)

**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
CERTIFICATE OF NAME CHANGE**

**ASCO POWER SERVICES, INC.**

*I, the Treasurer of the State of New Jersey, do hereby certify,  
that on March 31, 2017, a name change certificate  
was duly filed in this office, changing the business name from  
ASCO SERVICES, INC.*

*to:*  
**ASCO POWER SERVICES, INC.**



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
7th day of April, 2017

**Ford M Scudder  
Treasurer**

Certificate Number: 139518841

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCerti/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerti/ISP/Verify_Cert.jsp)