

F03000002413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

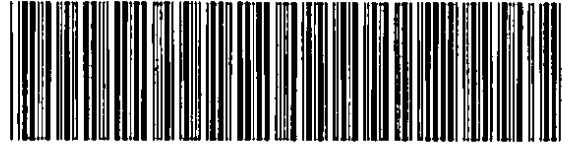
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Affiliated Construction Services, Inc.

Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sloan Tackett

Name of Contact Person

FAC Services, LLC

Firm/Company

PO Box 5620

Address

Madison, WI 53705

City/State and Zip Code

legal@facfin.com

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

For further information concerning this matter, please call:

Sloan Tackett

Name of Contact Person

at (608) 441-2691

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACS-Affiliated Constructions Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F03000002413

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAC Legal

(Name of Contact Person)

FAC Services, LLC

(Firm/Company)

PO Box 5620

(Address)

Madison, WI 53705

(City/State and Zip Code)

For further information concerning this matter, please call:

Sloan Tackett

608

441-2691

(Name of Contact Person)

at (

)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State 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:

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Division of Corporations
P.O. Box 6327
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Street Address:

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

F03000002413

(Document number of corporation (if known))

1. ACS-North America, Inc.

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

2. Wisconsin

(Incorporated under laws of)

3. 05/12/2003

(Date authorized to do business in Florida)

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? 04/01/2022

5. ACS-Affiliated Construction 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. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), 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

10. 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.

Kathryn L. Henshue

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

Kathryn L. Henshue

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

5553

112

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ACS-AFFILIATED CONSTRUCTION SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 08, 1994.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 21, 2022.

A handwritten signature in black ink, appearing to read "Michelle Y. Knuese".

MICHELLE Y. KNUESE, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 329418-0EA2121A