

6/2/2020

Division of Corporations

**F2000002104**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000164605 3)))



H200001646053ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

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

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

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

O SIMMONS

JUN 10 2020

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

6/3/2020 10:11:35 AM PAGE 1/001 Fax Server



June 3, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WESTLAKE MANAGEMENT SERVICES, INC.  
2801 POST OAK BLVD STE 600  
HOUSTON, TX 77056US

SUBJECT: WESTLAKE MANAGEMENT SERVICES, INC.  
REF: F20000002104

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.

As of January 1, 2020, the form for amending a Foreign Profit Corporation has changed. Please use the new Amended Application for a Foreign Profit Corporation form located on our website ([www.sunbiz.org](http://www.sunbiz.org)).

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.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000164605  
Letter Number: 120A00010937

DocuSign Envelope ID: 1AD2A3FD-6C86-4E59-A39C-2A0A23E46052

**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.)

JUL 9 9:17

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

F20000002104

(Document number of corporation (if known))

1. WESTLAKE MANAGEMENT SERVICES, INC.

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

2. DE

(Incorporated under laws of)

3. 05/05/2020

(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? \_\_\_\_\_

5. \_\_\_\_\_  
 (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

DocuSign Envelope ID: 1AD2A3FD-6C86-4E59-A39C-2A0A23E46052

9. If the amendment changes person, title or capacity in accordance with 607.1501 (4), indicate that change:

2020 JUN -9 AM 9:17

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CAO, SENIOR VP	GEORGE J MANGIERI	2801 POST OAK BLVD STE 600	<input type="checkbox"/> Add
		HOUSTON, TX 77056	<input checked="" type="checkbox"/> Remove
CAO, SENIOR VP	JOHNATHAN ZOELLER	2801 POST OAK BLVD STE 600	<input checked="" type="checkbox"/> Add
		HOUSTON, TX 77056	<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.

DocuSigned by:

Steve Bender

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

DS

DC

Mark S. Bender

(Typed or printed name of person signing)

Executive Vice President

(Title of person signing)

FILING FEE \$35.00