

F2300000 3689

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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TALLAHASSEE, FL

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AECON UTILITIES (US) LIMITED COMPANY**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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)

AECON UTILITIES (US) LIMITED COMPANY F23000003699

(Document number of corporation (if known))

1. AECON UTILITIES (US) LIMITED COMPANY

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

2. Delaware

3. 06/21/2023

(Incorporated under laws of)

(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 _____

(City)

Florida

(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

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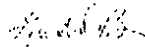
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change

<u>Title Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Franciscus B. Daams	20 Carlson Court, Suite 105	☒ Add
		Toronto, Ontario M9W 7K6, Canada	☐ Remove
Vice President	Franciscus B. Daams	20 Carlson Court, Suite 105	☒ Add
		Toronto, Ontario M9W 7K6, Canada	☐ Remove
Treasurer	Franca Vercillo	20 Carlson Court, Suite 105	☒ Add
		Toronto, Ontario M9W 7K6, Canada	☐ Remove
Secretary	Martina Doyle	20 Carlson Court, Suite 105	☐ Add
		Toronto, Ontario M9W 7K6, Canada	☐ Remove
President	Franciscus B. Daams	20 Carlson Court, Suite 105	☒ Add
		Toronto, Ontario M9W 7K6, Canada	☐ Remove

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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



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

LISA D. DUBOIS

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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