(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Jen

Office Use Only



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08/16/06--01016--007 \*\*25.00



\* 1062 Rollings \*

## **Corporate Filing Transmittal Form**

	To: Order #:	FL SE-6051		From: Date:	Sean Emerick 8/10/06	
7	Target Nan	ne				Dom Juris
e T	Cust-O-Fab	Companies LLC	le!			OK
L	<u> </u>	Name To: Integrated	i Service Company	LLC		
P	Attached fo	or filing, please find	l the following:			
			( Name Cha	nge_		
<b>T</b>	Type of Sei		ur 🛛 🖂 Routine	Other:		
LĻ	☐ Same Day ☐ 24 Hour ☐ Routine ☐ Other:					
	Please return the original evidence to the following:					
1 -		:к rporate Services, Inc				
2	2 Club Cent					
	Suite 5 Edwardsville	a II 62025				
P		tructions/Notes: the attached docum	ent and return evid	dence per the a	above instructio	ns. Thank

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!



www.ncservices.com

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **SECTION I (1-3 must be completed)**

1.	Name of limited liability company as it appears on the records of the Florida Department of State: The Cust-O-Fab Companies LLC
2.	Jurisdiction of its organization: Oklahoma
3.	Date authorized to do business in Florida: 7/15/02 $\frac{7}{15}$ 8
	SECTION II (4-7 complete only the applicable changes)
4.	SECTION II (4-7 complete only the applicable changes)  If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?    AFE   AFE
5.	New name of the limited liability company: Integrated Service Company LLC
	If the amendment changes the period of duration, indicate new period of duration:
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  No change
	If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
	Attached is an original certificate, 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.  Signature of a member or the authorized representative of a member
	Arlo B. DeKraai, Manager

Typed or printed name of signee

Filing Fee: \$25.00

#### OFFICE OF THE SECRETARY OF STATE



### CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED. Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on June 26, 2006, by THE CUST-O-FAB COMPANIES LLC which amended the corporate name to:

#### INTEGRATED SERVICE COMPANY LLC



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 9th, day of August. 2006.

Secretary Of State

M. Gusan livege