

M1000000 5125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

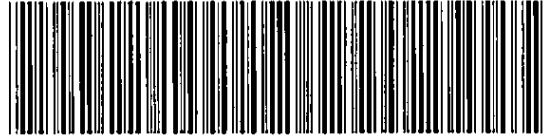
Certified Copies _____

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GA

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2021-03-05 AM 9:54
STATE
SECRET, FL

ED



2021-03-05 PM 2:06

V. SULKER

MAR 17 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 678688 8263209

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : February 24, 2021

ORDER TIME : 10:10 AM

ORDER NO. : 678688-005

CUSTOMER NO: 8263209

FOREIGN FILINGS

NAME: UTILITY PARTNERS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____



RECEIVED
MARCH 16 PM 2:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: UTILITY PARTNERS GROUP, LLC
Ref. Number: M10000005125

We have received your document for UTILITY PARTNERS GROUP, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

ACCORDING TO OUR RECORDS THIS IS A GEORGIA LLC, THEREFORE, THE CERTIFICATE SHOWING THE NAME CHANGE "MUST" BE FROM GEORGIA AND NOT TEXAS.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 821A00004906

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UTILITY PARTNERS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edith ALLAIN

Name of Person

H2O INNOVATION INC

Firm/Company

340-330, rue St-Vallier Est

Address

Québec (Québec) G1K 9C5, Canada

City/State and Zip Code

edith.allain@h2oinnovation.com

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

For further information concerning this matter, please call:

Edith ALLAIN

at (418) 688-0170

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: UTILITY PARTNERS, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M10000005125

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 11/19/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: H2O INNOVATION OPERATION & MAINTENANCE, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**
City Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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.

Edith Allain

Signature of the authorized representative

Edith ALLAIN

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF FACT

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective January 1st 2021, Articles of Merger were filed, merging HAYS UTILITY SOUTH CORPORATION, a Foreign Non-Qualifying Entity and GULF UTILITY SERVICE, INC., a Foreign Non-Qualifying Entity, into UTILITY PARTNERS, LLC, a Domestic Limited Liability Company. Changing its name to H2O INNOVATION OPERATION & MAINTENANCE, LLC, a Domestic Limited Liability Company.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 20497451

Print Date : 03/15/2021

Form Number : 218



Brad Raffensperger

Brad Raffensperger

Secretary of State