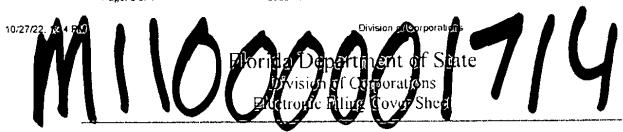
To:



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

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

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T. LEMIEUX OCT 3 1 2022

From: Kaity Toon

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

2022-10-27 12:18.01 PDT

SECTION I (1-4 must be completed)

State: Transformer Lifecycle Services, LLC	15 Millardy Court		
Enter new principal office address, if applicable:	15 Millpark Court	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Maryland Heights, MO 63043		
Enter new mailing address, if applicable:	15 Millpark Court		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Maryland Heights, MO 63043		
2. The Florida document number of this limited lia			
3. Jurisdiction of its organization: Tennessee			
4. Date authorized to do business in Florida: 04/0	15/2011		
SECTION II (5-9 complete only the applicable $$	changes)		
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C	or "LLC."	···)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or magnust contain "Limited Liability Company," "L.L.	inaging members adopting the alternate name. T C." or "LLC.")	The alternate n	ame
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name	e of the new-)
		7	
Name of New Registered Agent:		<u> </u>	, E
New Registered Office Address:	Enter Florida Street Addres:	<u> </u>	, c.
	Florida	024 2:	
_	Enter Florida Street Address	Zip Code w)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent; ont and agree to act in this capacity. I further age r and complete performance of my duties, and I tered agent as provided for in Chapter 605, F.S r in the registered office address, I hereby confir	gree to comply am familiar w . Or, if this	ith

If Changing Registered Agent, Signature of New Registered Agent

From: Kaity Toon

		neity in accordance with 605.0902(1)(e), indicate that cha	
Title/ Capacity	Name	Address Tyr	
Manager	Mark Day	15 Millpark Court	■Add
		Maryland Heights, MO 63043	_ □Remo
Manager	Howard Fowler	15 Millpark Court	MAdd
		Maryland Heights, MO 63043	_ □Remo
Manager	Daniel Niccum	15 Millpark Court	_ 🗷 Add
		Maryland Heights, MO 63043	□Remo
Secretary	Lyle Rohif	118 MAPLE LANE, C/O MIKE PETERSON	_ □Add
		DRESDEN, TN 38225	■Remo
<u> </u>			_ □Add
aforementio	a certificate, if required: no more ned amendment(s), duly authenti- under the law of which this entity	cated by the official having custody of records in the	_ □Remo
	/s/ Mark Day	ature of the authorized representative	

Filing Fee: \$25.00