

M11000003008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

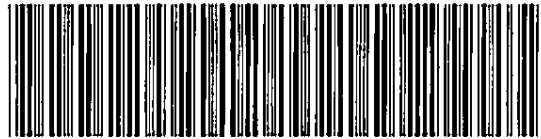
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
18 JUL 10 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUL 10 10:51

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JUL 11 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 291672 8178605

AUTHORIZATION : 

COST LIMIT : \$25.00

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ORDER DATE : July 9, 2018

ORDER TIME : 9:07 AM

ORDER NO. : 291672-005

CUSTOMER NO: 8178605  
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FOREIGN FILINGS

NAME: HMC LEASING, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HMC Leasing 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:

Iris Caillier

Name of Person

HMC Leasing LLC

Firm/Company

2727 SE Evangeline Thruway

Address

Lafayette, LA 70508

City/State and Zip Code

icaillier@Knightoiltools.com

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

For further information concerning this matter, please call:

Iris Caillier

Name of Person

at (337) 233-0464 ext. 10165

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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: HMC Leasing 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)

FILED  
JUL 10 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M11000003008

3. Jurisdiction of its organization: LA

4. Date authorized to do business in Florida: 06/10/2011

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

5. New name of the limited liability company: \_\_\_\_\_  
(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: Corporation Service Company

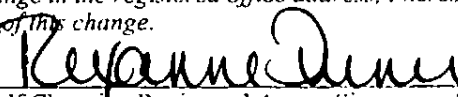
New Registered Office Address: 1201 Hays Street

*Enter Florida Street Address*

Tallahassee, Florida 323  
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.*



**Roxanne Turner**  
Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

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

DE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Mark Knight</u>	<u>534 Beaulieu Drive</u>	<input type="checkbox"/> Add
		<u>Lafayette, LA 70508</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Kelly Sobiesk</u>	<u>3402 Amherst Street</u>	<input type="checkbox"/> Add
		<u>Houston, TX 77005</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Bryan R Knight</u>	<u>713 Brentwood</u>	<input type="checkbox"/> Add
		<u>Lafayette, LA 70503</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Knight Energy Holdings LLC</u>	<u>2727 SE Evangeline Thruway</u>	<input checked="" type="checkbox"/> Add
		<u>Lafayette, LA 70508</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

Cole J. Griffin  
Signature of the authorized representative

Cole J. Griffin  
Typed or printed name of signee

Filing Fee: \$25.00