Division of Corporations **Electronic Filing Cover Sheet**

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:	 	 	 _	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPCO ENERGY SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

D SCOTT

MAY 2 4 2019

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 app	ears on the records of the Florida Departmen	nt of
State: Capco Energy Solutions LLC		
Enter new principal office address, if applicabl	e:	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HAY 23 A 3
2. The Florida document number of this limited	d liability company is: M11000004236	S Em P
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida:	08/23/2011	
SECTION II (5-9 complete only the applical	ble 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 ado copy of the written consent of the managers or must contain "Limited Liability Company," "L	managing members adopting the alternate n	in Florida and attach a lame. The alternate name
6. If amending the registered agent and/or registered agent and/or the new registered office	stered officer address on our records, enter it	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	 Епter Florida Street .	Address
	City	Ziji Code
New Registered Agent's Signature, if changing I hereby accept the appoinment as registered the provisions of all statutes relative to the production as reduced the obligations of my position as reduced to being filed to merely reflect a challability company has been notified in writing	agent and agree to act in this capacity. I fur oper and complete performance of my duties egistered agent as provided for in Chapter 6 unge in the registered office address, I hereb	, and Lam familiar with = 1 105, F.S. Or, if this
	If Changing Registered Agent, Signature of	New Registered Agent

le/ Capacity	<u>Name</u>	Address	Type of Action
	~		Add
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			Remov
aforemention	certificate, if required: no more than 90 ed amendment(s), duly futhenticated by nder the law of which this entity is crue. Mee Signature of	the official having custody of reco	Remo

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPCO CONSULTING SERVICES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Softiery M. Sturmace, Socretary of State

3461214 8300 SR# 20194387297

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202882064

Date: 05-22-19