Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130001919093)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone

: (850)878-5368

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28

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

LLC AMND/RESTATE/CORRECT OR M/MG	RESIGN
AQUILEX WSI LLC	

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY EXAMINER

AUG 2 9 2013

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Aquilex WSI LLC		
	Name of Foreign	Limited Liability Comp	pany
Dear !	Sir or Madam:		
The er	nclosed application, certificate and fec(s) ar	e submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
	Name of Person		
	Firm/Company		
	Address		
	City/State and Zip Code		
-			
Eric.2	immerman@azz.com nail address: (to be used for future annual r	enort notification)	
	urther information concerning this matter, p	•	
<u></u>	Name of Person	Area Code & Daytin	ne Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, Florida 32314
	osed is a check for the following amount: 5 Filing Fee S S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy

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) Name of limited liability company as it appears on the records of the Florida Department of
۱.	Name of limited liability company as it appears on the records of the Florida Department of State: Aquilex WSI LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 03/07/2012
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?
5.	New name of the limited liability company: AZZ WSI LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
FI th or	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9	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 of the authorized representative of a member Jeff Pattorson Typed or printed name of signee

Filing Fec: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AQUILEX WSI LLC", CHANGING ITS NAME FROM "AQUILEX WSI LLC" TO "AZZ WSI, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF MAY, A.D. 2013, AT 5:29 O'CLOCK P.M.

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

Jeffrey W. Bullock. Secretary of State TION: 0694147

DATE: 08-27-13