Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone : (850)558-1515 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

NX UTILITIES, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NX Utilities, LLC	
Name of Foreign l	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this t	matter to the following:
Paul Kestenbaum	
Name of Person	
QualTek Wireline LLC	
Firm/Company	
1150 First Avenue, Suite 600	
Address	
King of Prussia, PA 19406	
City/State and Zip Code	
legal@nxutilities.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pl	ease call·
Paul Kestenbaum	804-4500
Name of Person	Area Code & Daytime Telephone Number
	MARTING ARRIVEC
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314
Enclosed is a check for the following amount: \$25 Fiting Fee \$\sum \text{Certificate of Status}\$ CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy Certified Copy Certified Copy

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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)

er a state of the contract of			
Enter new principal office address, if applicable	c:	.,	••
(Principal office address MUST BE A STREET ADDRESS)			<i></i> -
Enter new mailing address, if applicable:			. .
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited	d liability company is: M12000006557	77.	20.23
3. Jurisdiction of its organization: Delawai	re		, .
3. Jurisdiction of its organization:	11_26_2012		- –
4. Date authorized to do business in Florida:	11-20-2012		_
SECTION II (5-9 complete only the applical	ble changes)		<u> </u>
5. New name of the limited liability company:	QualTek Wireline LLC		
(1	must contain "Limited Liability Company, " "L.L.C	.," or "LLC	"
copy of the written consent of the managers or must contain "Limited Liability Company," "L		he alternate i	_ 1 & 18me
copy of the written consent of the managers or must contain "Limited Liability Company," "L 6. If amonding the registered agent and/or regis	managing members adopting the alternate name. To .L.C." or "LLC.") stered officer address on our records, enter the name.	he alternate i	name
copy of the written consent of the managers or must contain "Limited Liability Company," "L 6. If amending the registered agent and/or registered agent and/or the new registered office.	managing members adopting the alternate name. To .L.C." or "LLC.") stered officer address on our records, enter the name.	he alternate i	_ 1 & name
copy of the written consent of the managers or must contain "Limited Liability Company," "L 6. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	managing members adopting the alternate name. The L.C." or "LLC.") stered officer address on our records, enter the name address here:	he alternate t	n a name
copy of the written consent of the managers or must contain "Limited Liability Company," "L 6. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	managing members adopting the alternate name. The L.C." or "LLC.") stered officer address on our records, enter the name address here: Enter Florida Street Address Florida	e of the new	1 a name
copy of the written consent of the managers or must contain "Limited Liability Company," "L 6. If amending the registered agent and/or registered agent and/or the new registered office.	managing members adopting the alternate name. The L.C." or "LLC.") stered officer address on our records, enter the name address here: Enter Florida Street Address	he alternate t	n a name

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	luly authenticated by the	red: no more than 90 days old, evidencing the luly authenticated by the official having custody of records in the cly this entity is prefinized.

4/10/2020 9:44:33 AM PAGE

Filing Fee: \$25.00

H20000106435-3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NX UTILITIES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "QUALTEK WIRELINE LLC" ON THE TWENTIETH DAY OF DECEMBER, A.D. 2019, AT 5:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALTEK WIRELINE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2012.



Authentication: 202745385

Date: 04-09-20