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.

(((H170000393483)))



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 : 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 EMPIRE SCAFFOLD, L.L.C.

Certificate of Status	0
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FEB 2 2 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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TO:

CR2E055 (9/15)

Registration Section

COVER LETTER

Division of Corporations		
SUBJECT: Empire Scaffold, L.L.C. (now	known as Sunbelt Rentals Scaffold Services, LLC)	
Name of Fo	preign Limited Liability Company	
Dear Sir or Madam:	4	
The enclosed application, certificate and fee	e(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Elizabeth H. Fernandez		
Name of Person		
Parker Poe Adams & Bernstein LLP		~
Firm/Company		,
401 S. Tryon St., Ste. 3000		•
Address		
Charlotte, NC 28202		
City/State and Zip C	Code	
ellzabethfernandez@parkerpoe.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this mat	tter, please call:	
Elizabeth H. Fernandez	at (704) 335-9053	
Name of Person	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 amo \$25 Filing Fee \$\sum \\$30 Filing Fee & Certificate of Sta	& ☐ \$55 Filing Fee & ☐ \$60 Filing Fee,	&

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)

I. Name of limited liability Company as it appears or	n the records of the Florida Dep	partment of
State: Empire Scaffold, L.L.C.		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EB 2) AH
2. The Florida document number of this limited liability	ty company is: M130000006	e. 539
 3. Jurisdiction of its organization: Louisiana 4. Date authorized to do business in Florida: 01/30/2 		
4. Date authorized to do business in Florida: 01/30/2	2013	
SECTION.II (5-9 complete only the applicable chair	nges)	
5. New name of the limited liability company: Sunb (must company)	pelt Rentals Scaffold Service	ces, LLC
(must co	main "Limited Liability Compa	any, " "E.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managimust contain "Limited Liability Company," "L.L.C." of	the purpose of transacting busing members adopting the alter or "LLC.")	iness in Florida and attach a nate name. The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addre	fficer address on our records, ess here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	and the state of t	
	Enter Florida Si	
Manager on Arthur Land	City	, Florida <u>Zip.Code</u>
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this cl	nd agree to act in this capacity. I complete performance of my a I agent as provided for in Chap he registered office address, I h	duties, and I am familiar with the oter 605. F.S. Or, if this

Address	Type of Action Add Remove Add Remove Add Add Add Add Add Add Add
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fficial having custody of records in the	
	old, evidencing the fficial having custody of records in the ahorized representative:

Filing Fee: \$25.00

Tom Schedler SECRETARY OF STATE

01/31/2017

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services
225.932.5317 Fax
Corporations
225.932.5314 Fax
Uniform Commercial Code
225.932.5318 Fax

ONLINE FILING elizabethfemandez@parkerpoe.com

SUNBELT RENTALS SCAFFOLD SERVICES, LLC

It has been a pleasure to approve and place on file your name change. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

Online filing options are available if changes are necessary to your registration or you need to file an annual report. Please visit our website at **GeauxBiz.com** for your future business needs.

Sincerely,

The Commercial Division WEB

2017-02-21 13:01:28 CST

12122023573 From: Kimberly Laughrey

Tom Schedler
SECRETARY OF STATE

January 31, 2017

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services
225.932.5317 Fax
Corporations
225.932.5314 Fax
Uniform Commercial Code
225.932.5318 Fax

The attached document of SUNBELT RENTALS SCAFFOLD SERVICES, LLC was received and filed on January 31, 2017.

a 21 期 8:53

WEB 35156445K

STATE OF LOUISIANA

NAME CHANGE AMENDMENT

R.S. 12:1309

Old Name:

EMPIRE SCAFFOLD, L.L.C.

New Name:

SUNBELT RENTALS SCAFFOLD SERVICES, LLC

Date Amendment Adopted:

1/20/2017

Manner of Adoption:

UNANIMOUSLY APPROVED BY MEMBERS

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM A MEMBER/MANAGER.

ELECTRONIC SIGNATURE: KURT J. KENKEL (1/31/2017)

TITLE: MANAGER

FEB 21 AM 8: 5