M1300005248

| (Requestor's Name) | |
|---|----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone # |) |
| PICK-UP WAIT | MAIL |
| (Business Entity Name |) |
| (Document Number) | |
| Certified Copies Certificates or | f Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| • | of Corporations | | پ ر | |
|---------------------------------------|---|---|------------|---|
| _{SUBJECT:} La | binal, LLC | | | |
| | Name of Foreign | Limited Liabi | lity Compa | ny |
| Dear Sir or Mada | m: | | | |
| The enclosed app | lication, certificate and fee(s) a | re submitted fo | or filing. | |
| Please return all c | orrespondence concerning this | matter to the f | ollowing: | |
| Deborah F | Pettie | | | |
| · · · · · · · · · · · · · · · · · · · | Name of Person | | | |
| Safran US | A, Inc. | | | |
| | Firm/Company | | | |
| 2201 W. F | Royal Lane, Ste. 1 | 50 | | |
| | Address | | • | |
| Irving, TX | 75063 | | | |
| | City/State and Zip Code | *************************************** | | |
| deborah.p | ettie@safrangroup | o.com | | |
| E-mail address: | (to be used for future annual r | eport notificat | ion) | |
| For further inform | nation concerning this matter, p | lease call: | | |
| Deborah F | Pettie | 469 | 941-8 | 3215 |
| N | ame of Person | \ | <i>/</i> | Telephone Number |
| | COURIER ADDRESS: | | | NG ADDRESS: |
| _ | of Corporations | | _ | of Corporations |
| 2661 Exec | cutive Center Circle se, Florida 32301 | | | see, Florida 32314 |
| Enclosed is a che \$25 Filing Fee | ck for the following amount: \$30 Filing Fee & Certificate of Status | S55 Filin | _ | \$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 | ars on the records of the Florida | Department of | | |
|--|---|--|--|--|
| State: Labinal, LLC | | | | |
| Enter new principal office address, if applicable: | : | | | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | | THE SECOND IN TH | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | TO SERVICE SER | | |
| 2. The Florida document number of this limited | liability company is: M13000 | 0005248 | | |
| 3. Jurisdiction of its organization: Delaware | Э | | | |
| 4. Date authorized to do business in Florida: 0 | 8/21/2013 | | | |
| SECTION II (5-9 complete only the applicabl | e changes) | | | |
| 5. New name of the limited liability company: (m) Safran Electrical & Power USA, I | ust contain "Limited Liability Co | mpany, ""L.L.C.," or "LLC.") | | |
| (If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.L. | nanaging members adopting the a | business in Florida and attach a alternate name. The alternate name | | |
| 6. If amending the registered agent and/or registered agent and/or the new registered office | ered officer address on our record address here: | is, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Futou Flori | da Street Address | | |
| | Enter Florid | | | |
| _ | City | , Florida Zip Code | | |
| New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ag the provisions of all statutes relative to the propand accept the obligations of my position as registered to merely reflect a changliability company has been notified in writing of | gent and agree to act in this capa er and complete performance of istered agent as provided for in (ge in the registered office addres. | my duties, and I am familiar with Chapter 605, F.S. Or, if this | | |

| | | eation, indicate new jurisdiction: accordance with 605.0902 (1)(e), ind Address | icate that change: |
|------------------|--|---|--------------------|
| le/ Capacity | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | · | | Add |
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| aforementioned a | r the law of which this entity is frga | y the official having custody of reco | Remove |

Filing Fee: \$25.00

Typed or printed name of signee

Page 1

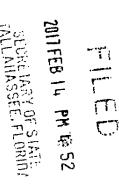
Delaware The First State

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 RESTATED CERTIFICATE OF "LABINAL, LLC", CHANGING
ITS NAME FROM "LABINAL, LLC" TO "SAFRAN ELECTRICAL & POWER USA,
LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF NOVEMBER,
A.D. 2016, AT 2:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF

THE AFORESAID RESTATED CERTIFICATE IS THE THIRTIETH DAY OF

NOVEMBER, A.D. 2016.





Authentication: 203366843

Date: 11-18-16

2081966 8100 SR# 20166704501

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:25 PM 11/18/2016
FILED 02:25 PM 11/18/2016
SR 20166704501 - File Number 2081966

AMENDED AND RESTATED CERTIFICATE OF FORMATION OF LABINAL, LLC

Labinal, LLC (the "Company"), a limited liability company that was formed on July 31, 2013 and existing under the laws of the State of Delaware, certifies this Amended and Restated Certificate of Formation was duly executed and is being filed with the Secretary of State of Delaware according to Section 18-208 of the Delaware Limited Liability Company Act. The current name of the limited liability company is "Labinal, LLC." The Company hereby certifies as follows:

- 1. The name of the Company is "Safran Electrical & Power USA, LLC."
- 2. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, DE, 19808, New Castle County. The name of the registered agent at such address is Corporation Service Company.
- 3. This Amended and Restated Certificate of Formation is effective as of November 30, 2016.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation.

Бу:

Mark G. McInick

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