

M130000006819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

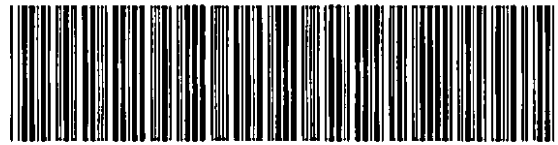
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100313423701

05/21/18--01039--003 **25.00

FILED
MAY 21 2018
FBI - AMSTERDAM

FILED
MAY 21 2018
FBI - AMSTERDAM

FILED

MAY 23 2018
J. HARRIS

**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 on the records of the Florida Department of

State: Annese Telecom & Utility Construction, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000006819

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: October 28, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Aucoin Telecom & Utility Construction, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

_____, *City*

_____, *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; 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 the authorized representative

Joseph Aucoin

Typed or printed name of signee

Filing Fee: \$25.00

FILED
29 MAY 2014
AM 4:02
CLERK OF SUPERIOR COURT
STATE OF MINNESOTA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

May 14, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

AUCOIN TELECOM & UTILITY CONSTRUCTION, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 23, 2012.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JOSEPH AUCOIN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JOSEPH AUCOIN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JOSEPH AUCOIN**

In testimony of which,

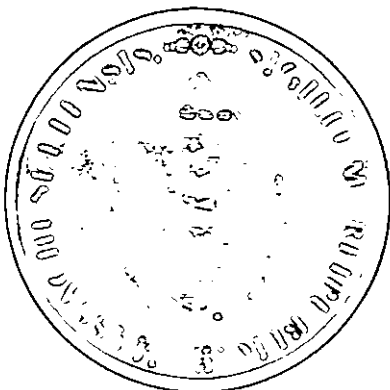
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

A handwritten signature in cursive script, reading "William Francis Galvin".

Secretary of the Commonwealth





William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 001084077

[Request certificate](#)

[New search](#)

Summary for: AUCOIN TELECOM & UTILITY CONSTRUCTION, LLC

The exact name of the Domestic Limited Liability Company (LLC): AUCOIN TELECOM & UTILITY CONSTRUCTION, LLC

The name was changed from: ANNESE TELECOM AND UTILITY CONSTRUCTION, LLC **on** 04-11-2018

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001084077

Date of Organization in Massachusetts:
07-23-2012

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 280 LIBBEY INDUSTRIAL PARKWAY

City or town, State, Zip code, WEYMOUTH, MA 02189 USA
Country:

The name and address of the Resident Agent:

Name: JOSEPH AUCOIN

Address: 114 GORHAM ST.

City or town, State, Zip code, CHELMSFORD, MA 01824 USA
Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	JOSEPH AUCOIN	114 GORHAM ST. CHELMSFORD, MA 01824 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address
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