

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

H150002026453

Page 1 of 4

**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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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

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

Email Address: Annette@apiprocessing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WHC ENERGY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 24 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

H150002026453  
page 2 of 4

**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: WHC, LLC dba WHC Energy Services, LLC
2. The Florida document number of this limited liability company is: M15000003290
3. Jurisdiction of its organization: Louisiana
4. Date authorized to do business in Florida: April 2015

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office 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

City

Florida

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: \_\_\_\_\_

H150002026453

H150002026453

page 3 of 4

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	RAYBURN JUDICE	300 Industrial Trace Broussard, LA 70518	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	JERRY MARTIN	300 Industrial Trace Broussard, LA 70518	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	RANDEL BADEAUX	300 Industrial Trace Broussard, LA 70518	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	JOHN (JACK) H. RIZZO	300 Industrial Trace Broussard, LA 70518	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	RICK MILLS	300 Industrial Trace Broussard, LA 70518	<input type="checkbox"/> Add <input checked="" 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.

*Randolph Warner*

Signature of the authorized representative

RANDOLPH WARNER

Typed or printed name of signer

Filing Fee: \$25.00

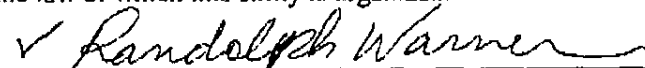
H150002026453

H150002026453  
page 4 of 4

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>
MBR	RICK MILLS	300 Industrial Trace	<input type="checkbox"/> Add
		Broussard, LA 70518	<input checked="" type="checkbox"/> Remove
MBR	PAM ROMERO	300 Industrial Trace	<input type="checkbox"/> Add
		Broussard, LA 70518	<input checked="" type="checkbox"/> Remove
MBR	RYAN HERBERT	300 Industrial Trace	<input type="checkbox"/> Add
		Broussard, LA 70518	<input checked="" type="checkbox"/> Remove
MBR	Kevin LaBauve	300 Industrial Trace	<input type="checkbox"/> Add
		Broussard, LA 70518	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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

RANDOLPH WARNER

Typed or printed name of signer

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