•	M/600000 2114	l

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HBK Engineering, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John W. Jerak

Name of Person

HBK Engineering, LLC

Firm/Company

921 W. Van Buren St., Suite 100

Address

Chicago, IL 60607

City/State and Zip Code

jjerak@hbkengineering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W. Jerak

Name of Person

_____at (312____) 432-0076 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 amount:

□ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status S55 Filing Fee & Certified Copy S60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2

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: HBK Engineering, LLC						
Enter new principal office address, if applicable:	921 W. Van Buren St., Suit	e 100				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Chicago, IL 60607					
Enter new mailing address, if applicable: (Mailing address	N/A					
MAY BE A POST OFFICE BOX)		C3				
2. The Florida document number of this limited lia	ibility company is: M16000002114	4 19 11 19 1				
3. Jurisdiction of its organization: Illinois						
4. Date authorized to do business in Florida: $03/$	/14/2016	<u>دن</u> 				
SECTION II (5-9 complete only the applicable of						
5. New name of the limited liability company:(mus	N/A	'L.L.C.," or "LLC.")				
N/A		,				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate na	r Florida and attach a me. The alternate name				
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records. <u>enter the</u> <u>ddress here:</u>	<u>e name of the new</u>				
Name of New Registered Agent: N/A-						
New Registered Office Address:N/A-	Enter Florida Street A	J.J				
	Pauer Floriad Street Address					
	, Flori <i>City</i>	ida <u> </u>				

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.

 $- \frac{N}{A} - \frac{N}{A}$ If Changing Registered Agent. <u>Signature of New Registered Agent</u>

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

- - - - N/A**- - - -** -

,

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

Title/ Capacity	Name	Address	Type of Action
MGR	Thomas E Hagensee	921 W. Van Buren St., Suite 100 Chicago, IL 60	0607 Add
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	certificate, if required: no more than 90 da		
jurisdiction u	ed amendment(s), duly authenticated by the number of which this entity for ganized and the second second second	red.	
	Solard Sta	de-	
		e authorized representative	
	John W. Jerak,	SVP/GC	

Typed or printed name of signee

UTILITY **INFRASTRUCTURE** SOLUTIONS

~Resolution~

November 12th, 2018

In accordance with the requirements of the Florida Board of Professional Surveyors and Mappers, HBK Engineering's Board of Managers elects Thomas E Hagensee, PLS as the Surveying and Mapping Manager for HBK Engineering, LLC's Florida practice of Professional Land Surveying and Mapping.

BE IT RESOLVED. THAT THOMAS E HAGENSEE. PLS. REGISTRATION NO. LS7112, IS HEREBY DESIGNATED AS SURVEYING & MAPPING MANAGER AND AUTHORIZED TO BIND THE CORPORATION IN ALL OF ITS ACTIVITIES THAT FALL WITHIN THE PRACTICE SURVEYING AND MAPPING IN FLORIDA AS THAT TERM IS DEFINED IN STATUTE 472.021 AND RULE 5J-17.063.

The signature below affirms this appointment.

Ronald G. Kaminski

Manager/CEO

<u>11/12/2018</u> Date



Witness

Thomas E Hagensee PLS

<u>11/12/2</u>018 Date

Subscribed and sworn to before me this 12th day of November 2018 Signed in the State of Illinois and County of Cook,

Notary Jenita Frise	on him	<u></u>
Copies: R.G. Kaminski J. W. Jerak D. N. Kleyweg Jr,	OFFICIAL SEAL JENITA L FRISON Notary Public - State of Illinois My Commission Expires Jan 15, 20	19