

M16000009301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

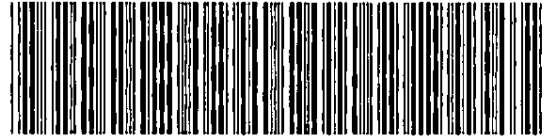
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

2024 JUN 27 PM 2:52

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/27/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1267043

ORDER ENTITY

ASSET ENGINEERING FLORIDA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ASSET ENGINEERING FLORIDA, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSET ENGINEERING FLORIDA, 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:

HEIGH KLGA

Name of Person

MORNINGSTAR LAW GROUP

Firm/Company

434 FAYETTEVILLE ST, STE 2200

Address

RALEIGH, NC 37601

City/State and Zip Code

neal richard@qluscorp.com

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

For further information concerning this matter, please call:

HEIGH KLGA

Name of Person

919 590-0402
at ()

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2024

INCSERV

SUBJECT: ASSET ENGINEERING FLORIDA, LLC
Ref. Number: M16000009301

We have received your document for ASSET ENGINEERING FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00014213

**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: ASSET ENGINEERING FLORIDA, 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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: MI16000009301

3. Jurisdiction of its organization: MISSISSIPPI

4. Date authorized to do business in Florida: 11-17-2016

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

5. New name of the limited liability company: Whitsun 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 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

_____, Florida
City Zip Code

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

Thereby 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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

DocuSigned by:

R. Neal Rich

Signature of the authorized representative

R. NEAL RICH

Typed or printed name of signee

Filing Fee: \$25.00



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

WHITSUN LLC

Registered the 31st day of December, 2002

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

107 NORFLEET WAY
MADISON, MS 39110

And that the registered agent at that address is:

R NEAL RICH

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 26th day of June, 2024

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN24191658

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



Michael Watson

Office of the Secretary of State
Jackson, Mississippi

Whitsun LLC

Business ID: 727246

The attached 1 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 26th day of June, 2024.

Given under my hand and seal of office
the 26th day of June, 2024

A handwritten signature in black ink, appearing to read "Nirika Hill-Mack".

Nirika Hill-Mack, Director of Business Services

Certificate Number: CN24191672

Verify this certificate online at <http://corp.sos.ms.gov/corpcorpy/verifycertificate.aspx>

F0012
Fee: \$ 50



Michael Watson
SECRETARY OF STATE

2024361097
Business ID: 727246
Filed: 06/24/2024 01:25 PM
Michael Watson
Secretary of State

Articles/Certificate of Amendment

Business Details

Business ID: 727246

Business Name: THE ASSET COMPANY, PLLC

Current Business Name

Business Name: THE ASSET COMPANY, PLLC

Amended Business Name

Business Name: Whitsun LLC

NAICS Code/Nature of Business

541330 - Engineering Services

237130 - Power and Communication Line and Related Structures Construction

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day ***06/24/2024***.

Name:

K. Curry Gaskins

Attorney In Fact

Address:

434 Fayetteville St, Ste 2200

Raleigh, NC 27615