

7/17/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H17000187017 3)))



H170001870173ABC%

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

RECEIVED  
2017 JUL 18 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACC CONVERSION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
2017 JUL 18 AM 10:38  
TALLAHASSEE, FLORIDA

**1/2 FILING: PLEASE FILE 2ND AFTER  
H17000187016 3**

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUL 19 2017

**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: ACC Conversion, LLC
2. The Florida document number of this limited liability company is: M17000002826
3. Jurisdiction of its organization: New York
4. Date authorized to do business in Florida: 04/04/2017

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

5. New name of the limited liability company: Asplundh 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 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:**

*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:

\_\_\_\_\_

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17 JUL 18 AM 10:38  
STATE  
OF  
FLORIDA  
CLERK OF  
COURT

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>
_____	_____	_____	<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

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.

Melissa Zanoletti  
Signature of the authorized representative

Melissa Zanoletti, Authorized Person

Typed or printed name of signee

**Filing Fee: \$25.00**

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17 JUL 18 AM 10:38  
CLERK OF DISTRICT COURT  
JUL 18 2017  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

*I hereby certify, that a certificate of merger of ASPLUNDH CONSTRUCTION, CORP., a NEW YORK corporation, with ACC CONVERSION, LLC, a NEW YORK limited liability company, and adoption of the name of ASPLUNDH CONSTRUCTION, LLC, was filed in this office on 07/13/2017.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 13th day of July  
two thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201707140418 \* 07