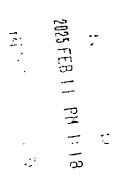
MISOOO02313

(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:
HORNE
J. HORNE FEB 1 2 2025

Office Use Only



100444226801





Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/11/2025	_ _		⇔WALK IN⇔
entity name HYDE	RO CONDUIT, LLC		
DOCUMENT NUMBER	R		
	PLEASE FILE TH	HE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FO Certified Copy of Arts	OLLOWING FOR THE ABOVE ENTITY • & Amandmants	
	Certificate of Good Sta	rnding	
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN	IATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$25.0	00	ACCOUNT #: I2016000	0072
		E R FM	
Please call Tina at	the above number for	any issues or concerns. Thank ye	oa so much!

COVER LETTER

то:	_		Section Corporations				
SUBJ	ECT:	HYDRO	CONDUIT, LLC		_		
	_ • • •		Name of Fore	ign Lim	ited Lial	bility Cor	mpany
Dear S	Sir or N	/ladam:					
The en	nclosed	applica	ation, certificate and fee(s	s) are su	bmitted	for filing	g.
Please	return	all con	respondence concerning t	this mat	ter to the	e followir	ng:
Lorna .	J. Virts			,		_	
	-		Name of Person				
Smith,	Gambr	ell & Ru	ssell, LLP				
			Firm/Company	_		_	
1105 V	V. Peac	htree St 1	NE. Suite 1000				
			Address			-	
Atlanta	a, GA 3	30309					
			City/State and Zip Co	de		_	
	@sgrla						
E-m	nail ado	dress: (t	o be used for future annu	al repoi	t notific	ation)	
For fu	rther ii	nformat	ion concerning this matte	er, pleas	e call:		
Loma '	Virts			at (_	04	_)	500
		Nam	e of Person	Ā	rea Cod	e & Dayt	time 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 81 Tallahassee, FL 32303				
	Encl	osed is	a check for the followin	g amot	ınt:		_
■\$25	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status		55 Filing ertified	-	☐ S60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION L(L) A must be completed)

SECTION I (1-4 must be e	(Oz. A.)
1. Name of limited liability Company as it appears on the records o	of the Florida Department of
State: HYDRO CONDUIT, LLC	- Ase
Enter new principal office address, if applicable:	of the Florida Department of
MUST BE A STREET ADDRESS)	
Mailing address	
2. The Florida document number of this limited liability company is	s: M18000002373
3. Jurisdiction of its organization: DELAWARE	
1. Date authorized to do business in Florida: 03/06/2018	
SECTION II (5-9 complete only the applicable changes)	
New name of the limited liability company:(must contain "Limited	d Liability Company, ""L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose copy of the written consent of the managers or managing members a nust contain "Limited Liability Company," "L.L.C." or "LLC.")	of transacting business in Florida and attach a adopting the alternate name. The alternate name
 If amending the registered agent and/or registered officer address registered agent and/or the new registered office address here: 	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	F. Flatt Court Harm
	Enter Florida Street Address
	y Florida Zip Code

If Changing Registered Agent, Signature of New 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

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

liability company has been notified in writing of this change.

If the amendment of	changes person, title or capacity in ac	ecordance with 605.0902 (1)(e), indicate	ate that change:
itle/ Capacity	Name	Address	Type of Action
			□Add
			□Remo
			\Add
			□Remo
			□Add
			□Remo
			DAdd
			□Remo
			DAdd
aforementioned ar	the law of which this entity is organ	the official having custody of record	□Remo

Filing Fee: \$25.00

Control Number: J251324

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF FACT

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective 12/17/2024, Hydro Conduit, ULC a Foreign Limited Liability Company filed a Certificate of Conversion, Converting to Hydro Conduit, BEC a Domestic Limited Liability, Company.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

> Docket Number 28568802 Print Date

: 01/29/2025

Form Number

: 218



Brad Raffen