Division @

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.

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To:

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

Account Number Phone Fax Number *Enter the email address for this annual report mailings. Ente	: CAPITOL SERVICES, : 12016CC00017 : (855)498-5500 : (800)432-3622 : business entity to r only one email add:	LAHASSER	18 407 25 404 8:	
Email Address:			- <u></u>	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINETEC SERVICES, LLC



Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Linetec Services, 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:

Christina T. Rodriguez

Name of Person

c/o Haynes and Boone, LLP Firm/Company

2323 Victory Avenue, Suite 700 Address

Dallas, Texas 75219

City/State and Zip Code

cclose@ltspower.com

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

For further information concerning this matter, please call:

Cory Close

CR2E055 (9/15)

Name of Person

at (______318___) 704.6135 Area Code & Daytime Telephone Number

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount: \$25 Filing Fee \$\$30 Filing Fee & Certificate of Status Certified Copy

Certificate of Status & Certificate Copy

MAILING ADDRESS: Registration Section

29 AM 8:

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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: Linetec Services, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited llability company is: M18000009758	L,	
3. Jurisdiction of its organization: Louisiana	•	1
4. Date authorized to do business in Florida: October 30, 2018	H	۲۱۰ بسیر
SECTION II (5-9 complete only the applicable changes)	ထဲ	1
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LEC.")	55	
(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 officer address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address: Enter Florida Street Address		
, Florida		

Zip Code

<u>New Registored Agent's Signature, if changing Registered Agent:</u> 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.

Clty

If Changing Registered Agent, Signature of New Registered Agent

3

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

Delaware

8. If the amondment changes person, this or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Croacity	Name	Address	Type of Action
			Add
			Remove
		<u></u>	
			Remove
·· <u> </u>			
			Remove 18
<u></u>			
		· 	Remova
forementione	sertificate, if required: no more than 90 day amondment(s), duly authenticated by the ider the law of which this entity is organized Signature of the s	official having custody of records in t	he
	Mick J. D	Jubea	
	Typed or printed u November Fillag Free	name of signes 28,2018 \$25,00	

4849-1906-7520

Delaware

Page 1

The First State

I, JEFTREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINETEC SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE BAID "LINETEC SERVICES, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7157645 8300

SR# 20187820487 You may verify this certificate online at corp.dalaware.gov/authver.shtml

Authentication: 203969512 Date: 11-27-18