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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STANLEY INFRASTRUCTURE, LLC

Certificate of Status	0
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MAY 2 1 2024

## 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: STANLEY INFRASTRUCTURE, ELC	
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)	
2. The Florida document number of this limited liability company is: M20000005012	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 06/04/2020	
SECTION 11 (5-9 complete only the applicable changes)	
S. New name of the limited liability company:  (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.")	
registered agent and/or the new registered office address here:	
Name of New Registered Agent: C.T. Corporation System	•
New Registered Office Address: 1200 South Pine Island Road  Enter Florida Street Address	
Plantation , Florida 33324 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 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.  Sherry McGinnes, Assistant Secretary	
Sharry McGinnes, Assistant Secretary  If Changing Registered Agent, Signature of New Registered Agent	

itle/ Capacity	Name	<u>Address</u>	Type of Action
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aforementioned an	icate, if required: no more than 90 datendment(s), duly authenticated by the law of which this entity is organize	e official having custody of records in	□Remo

Filing Fee: \$25.00

To:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF 'STANLEY
INFRASTRUCTURE, LLC'. CHANGING ITS NAME FROM "STANLEY
INFRASTRUCTURE, LLC" TO "EPIROC INDUSTRIAL TOOLS AND
ATTACHMENTS LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF MAY,
A.D. 2024, AT 11:33 O'CLOCK A.M.



Authentication: 203500394

Date: 05-17-24