## M210000 11786

	(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	o Filing Officer:

Office Use Only



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SEURE FIRE OF STATE
TALL AHASSEE, FL

2022 AUG 31 PM 3

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195				
REFERENCE	: 917091 8285483				
AUTHORIZATION	: Land of				
COST LIMIT	: \$\frac{25.00}{25.00}				
ORDER DATE : August 31, 2022					
ORDER TIME : 1:50 PM					
ORDER NO. : 917091-005					
CUSTOMER NO: 8285483					
7007701 DT TV66					
<u>FOREIGN F</u>	TTINGS				
NAME: FLOTECH, LLC					
CORDODAEE					
CORPORATE LIMITED PARTNERSHIP					
XX LIMITED LIABILITY COMPAN	Y				
XXXX AMENDMENT					
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING				

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: FLOT	ECH, LLC Name of Foreign	a Limited Liabi	lity Comp	anv
	Name of Poleigi	i biiitteu baoi	нту Сопір	any
Dear Sir or Madam:				
The enclosed applicat	ion, certificate and fee(s)	are submitted for	or filing.	
Please return all corre	spondence concerning thi	s matter to the f	following:	
KATIE ANN FIG	JEROA			
	Name of Person	.,		
FLOWORKS INT	TERNATIONAL LLC			
	Firm/Company			
3750 HWY 225				
	Address			
PASADENA, TE	XAS 77503			
	City/State and Zip Code	· · · · · ·		
KATIE.FIGUERO	A@GOFLOWORKS.CO	М		
E-mail address: (to	be used for future annual	report notificat	ion)	
For further information	on concerning this matter,	please call:		
KATIÉ FIGUERO	)A	at ( 832	ի 659-2	2664
Name	of Person		& Daytim	c Telephone Number
Mailing Address Registration (Division of Co. Box 632) Tallahassee,	Section Corporations 27		Division The Cent 2415 N. N	ress: from Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303
	check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filing I Cortified C		□ \$60 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 I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Depar	tment of
State: FLOTECH, LLC		<u> </u>
Enter new principal office address, if applicable:	3750 HWY 225	2022 SI-2-2
(Principal office address MUST BE A STREET ADDRESS)	PASADENA, TEXAS 77503	SECING AHA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM 10: 24
2. The Florida document number of this limited lia	bility company is: M2200001	1786
3. Jurisdiction of its organization: DELAWA	RE	
4. Date authorized to do business in Florida:08a	/30/2022	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	t contain "Limited Liability Compan	y, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members adopting the alterna	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac		er the name of the new
Name of New Registered Agent: CORPOR	ATION SERVICE COMPANY	
New Registered Office Address: 1201 HAY	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida Str	eet Address
	TALLAHASSEE City	Florida 32301-2525 Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper	nt and agree to act in this capacity. I	

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Clizabeth Harris Elizabeth Harris, assistant vice president Of Changing Registered Agent, Signature of New Registered Agent

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.

	in accordance with 605.0902 (1)(e), indicate the	~	
REMOVE ALL PREVIOUS OFFICER	S/MEMBERS/DIRECTORS AND REPLA	CE WITH:	
itle/ Capacity Name	<u>Address</u>	Type of Action	
RESIDENT & CEO SCOTT JACKSON	3750 HWY 225 PASADENA, TX 77503	bb∆Ğ	
	<del></del>	□Remove	
FO JOAO VAZ	3750 HWY 225 PASADENA, TX 77503	ĎbAĎ	
		2022 Aug 3	
		A Soft File Control of the Control o	
		Remov	
		□Add	
	<del></del>	[]Remov	
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ELIZABETH BAZAN HAWKINS, GENERAL COUNSEL, VP & SECRETARY Typed or printed name of signee

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