#### Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AUSTIN FAIRCHILD

PROJECT SUPPORT

SPECIALIST

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Entity Name: ALLIED POWER PLANT SERVICES, LLC Current Principal Place of Business:

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

2600 CITIPLACE CT STE 250 SUITE:320 BATON ROUGE, LA 70808

DOCUMENT# M2000000306

#### **Current Mailing Address:**

2600 CITIPLACE CT STE 250 SUITE:320 BATON ROUGE, LA 70808 US

## FEI Number: 38-4035725

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Authorized Person(s) Detail :			
Title	MBR	Title	AP
Name	ALLIED POWER MANAGEMENT, LLC	Name	MCCALL, RON
Address	400 CONVENTION STREET, SUITE:320	Address	400 CONVENTION STREET, SUITE:320
City-State-Zip:	BATON ROUGE LA 70802	City-State-Zip:	BATON ROUGE LA 70802

Certificate of Status Desired: Yes

Date

FILED Jul 14, 2022 Secretary of State 0703879296CC

Date

07/14/2022