

**m21000002777**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

2022 DEC 21 AM 11:27

**\*\*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  
WHITELEY OLIVER, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

DEC 22 2022

A. LUNT

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Whiteley Oliver, 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:

Krista Abair

\_\_\_\_\_  
Name of Person

Capital Services

\_\_\_\_\_  
Firm/Company

1501 S. MoPac Expy., Ste. 220

\_\_\_\_\_  
Address

Austin, TX 78746

\_\_\_\_\_  
City/State and Zip Code

kabair@capitol-services.com

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

For further information concerning this matter, please call:

Ali Morgan

\_\_\_\_\_  
Name of Person

at ( 312 ) 803-0007

\_\_\_\_\_  
Area Code & Daytime 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 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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# 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: Whiteley Oliver, LLC

Enter new principal office address, if applicable: 655 Langham Road, #14

(Principal office address

MUST BE A STREET ADDRESS)

Beaumont, Texas 77707

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

PO Box 5492

Beaumont, Texas 77726

2. The Florida document number of this limited liability company is: M21000002777

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 03/11/2021

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Whitelev Technical Services, LLC  
(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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing 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 liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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

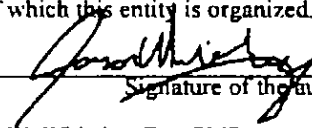
\_\_\_\_\_

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

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u>             | <u>Type of Action</u>                      |
|------------------------|-------------|----------------------------|--|
| manager                | Stan Oliver | 3250 Eastex Fwy            | <input type="checkbox"/> Add               |
|                        |             | Beaumont, Texas 77703-2649 | <input checked="" type="checkbox"/> Remove |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative  
 Jason W. Whiteley, Esq., PMP

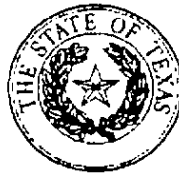
\_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

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Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on November 17, 2022, Whiteley Oliver, LLC, a Domestic Limited Liability Company (LLC) (file number 803627702), changed its name to Whiteley Technical Services, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 01, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott  
Secretary of State

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