



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1336304.09**mmore  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 4/3/2025 11:10 AM  
 Fee Receipt: \$40.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Amended Certificate of Authority**  
**(Foreign Business Entity)**

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input type="checkbox"/> limited liability company	<input type="checkbox"/> limited partnership
<input type="checkbox"/> professional limited liability company	<input type="checkbox"/> statutory trust
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC
<input type="checkbox"/> other	
- The name of the company is: Halex/Scott Fetzer Company  
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware.
- The entity received authority to transact business in Kentucky on 01/25/2024.
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to <u>Halex Electric Company</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>Halex Electric Company</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input type="checkbox"/> Form of organization _____
<input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
- This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

DocuSigned by: 	Dan Hanrahan	CLO, Secretary	03/27/2025
<b>Signature of Authorized Representative</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>