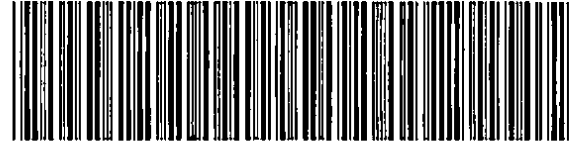


FO2000 000 877



200332680932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

08/12/19--01016--010 \*\*35.00

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2019 AUG 12 AM 11:40

R. WHITE  
AUG 14 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Marlin Gas Transport, Inc.  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F02000000877  
\_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neil Enerson

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

MEI-MGT, Inc.

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

8348 Little Road, Suite 340

\_\_\_\_\_  
Address

New Port Richey, FL 34654

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

neil@mindzeyceconsulting.com

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

For further information concerning this matter, please call:

Neil Enerson

561 594-0567

at ( )

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



State of Indiana  
Office of the Secretary of State

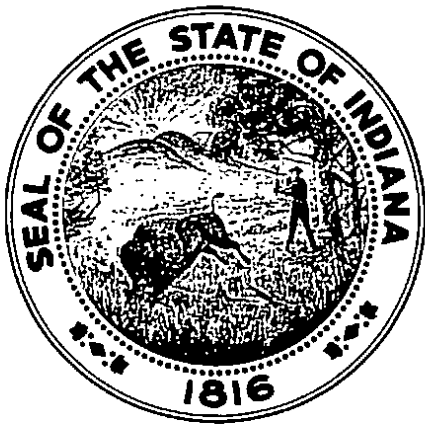
Certificate of Amendment  
of  
**MARLIN GAS TRANSPORT, INC.**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic For-Profit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

**MEI-MGT, INC.**

NOW, THEREFORE, with this document I certify that said transaction will become effective  
Wednesday, August 07, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 07, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1997091787 / 8347827

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>