

F96000002311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

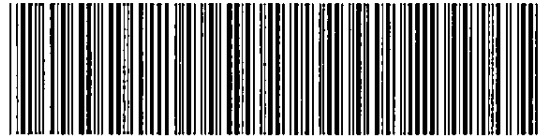
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2024 JUN -5 AM 11:29

RECEIVED



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 485997 7125874  
AUTHORIZATION : *[Handwritten Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : June 4, 2024  
ORDER TIME : 9:07 AM  
ORDER NO. : 485997-015  
CUSTOMER NO: 7125874

FOREIGN FILINGS

NAME: HYSTER-YALE GROUP, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F96000002311

(Document number of corporation (if known))

1. HYSTER-YALE GROUP, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 05/08/1996  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 5/31/2024

5. Hyster-Yale Materials Handling, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

n/a  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent n/a  
(Florida street address)

New Registered Office Address: n/a, Florida (City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| n/a                    | _____       | _____          | <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 |
|                        | _____       | _____          | <input type="checkbox"/> Add    |
|                        | _____       | _____          | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Suzanne S. Taylor*  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Suzanne S. Taylor  
 (Typed or printed name of person signing)

SVP, GC, Sec  
 (Title of person signing)

FILING FEE \$35.00

CSC 485997 015

TALLAHASSEE, FLORIDA

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HYSTER-YALE GROUP, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "HYSTER-YALE MATERIALS HANDLING, INC." ON THE THIRTY-FIRST DAY OF MAY, A.D. 2024, AT 9:47 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE THIRTY-FIRST DAY OF MAY, A.D. 2024 AT 5:01 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



2363766 8320  
SR# 20242765444

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203625145  
Date: 06-04-24