1/13/2016 2:00:12 PM From: Division of Corporations



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Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000010688 3)))



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To:

Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NILFISK-ADVANCE, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

10:	Division of Corporations	
SUBJ	ECT: NILFISK-ADVANCE, INC.	
	Name	of Corporation
DOCI	UMENT NUMBER: 857242	·
The en	nclosed Amendment and fee are subm	nitted for filing.
Please	return all correspondence concerning	g this matter to the following:
		(
	Name of Contact Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
	zondo@nilfisk.com mail address: (to be used for future ann	ual report notification)
For fur	ther information concerning this mat	ter, please call:
	Name of Contact Person	at (763) 745-3675 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amoun	nt:
 \$:	\$43.75 Filling Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Amend Division P.O. Bo	g Address: ment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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)

857242		
(Document numbe	er of corporation (if known)	
1. NILFISK-ADVANCE, INC.		
(Name of corporation as it appears	s on the records of the Department of State)	
2. Minnesota	3, 07/28/1983	
(Incorporated under laws of)	(Date authorized to do business in Florida)	
	CTION II Y THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation	ion, when was the change effected under the law	rs of
its jurisdiction of incorporation? 04/05/2015	· · ·	
5. Nilfisk, Inc.		
(Name of corporation after the amendment, adding s appropriate abbreviation, if not contained in new n	name of the corporation)	新" or E T
(If new name is unavailable in Florida, enter alternate business in Florida)		E []
6. If the amendment changes the period of duration, inc	dieste new period of duration. $\Xi \Xi^{-1}$	ب <u>)</u> ۲
(Ne	ew duration)	
7. If the amendment changes the jurisdiction of incorpo	oration, indicate new jurisdiction.	
(New	w jurisdiction)	
8. Attached is a certificate or document of similar impossible 90 days prior to delivery of the application to the De having custody of corporate records in the jurisdiction	ort, evidencing the amendment, authenticated no epartment of State, by the Secretary of State or o on under the laws of which it is incorporated.	ot more than ther official
(Signature of a director, pre of a receiver or other court	esident or other officer - if in the hands t appointed figurary, by that fiduciary)	
Steven D Kelley	Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

Yes 🖸 No 💽

Office of the Minnesota Secretary of State Minnesota Business & Nonprofit Corporations

Minnesota Business & Nonprofit Corporations
Amendment to Articles of Incorporation

Minnesota Statutes, Chapter 302A or 317A



Read the instructions before completing this form.
Filing Fee: 355 for expedited service in-person and online filings, \$35 for mail

1. Corporate Name: (Required)	·	
Nilfisk-Advance, Inc.		• !
List the name of the company prior to any desired name	e change	
2. This amendment is effective on the day it is filed wi	th the Secretary of State: uni	less you indicate another date no late
than 30 days after filing with the Secretary of State.	06/05/2015	
3. The following amendment(s) to articles regulating the amended article(s) indicating which article(s) is (are) be fit in the space provided, attach additional pages.		
ARTICLE	1	
The name of this corporation shall be Nilfisk, in	1C.	7
,		•
•	•	•
	•	
5. I, the undersigned, certify that I am signing this docuperson(s) whose signature would be required who has a capacities. I further certify that I have completed all recorrect and in compliance with the applicable chapter of	uthorized me to sign this do- quired fields, and that the inf f Minnesota Statutes. I unde	cument on his/her behalf, or in both formation in this document is true and exstand that by signing this document
I am subject to the penalties of perjury as set forth in Se	ction 609.48 as if I had sign	ed this document under oath.
Steven D. Kelley	06/04/2015	
Signature of Authorized Person or Authorized Agent	Date	•
Email Address for Official Notices Enter an email address to which the Secretary of State of	an forward official notices r	equired by law and other notices:
steven.kelley@nilfisk.com		
Check here to have your email address excluded fro	m requests for bulk data, to	the extent allowed by Minnesota law
List a name and daytime phone number of a person	who can be contacted abou	t this form:
Steven D. Kelley	763-745-3680	
Contact Name	Phone Number	
Entities that own, lease, or have any financial interes must register with the MN Dept. of Agriculture's Co	t in agricultural land or la rporate Farm Program.	nd capable of being farmed
Does this entity own, lease, or have any financial interes	t in agricultural land or land	capable of being farmed?

1/13/2016 2:00:12 PM From: To: 8506176380(5/6



Work Item 828869900026 Original File Number 194-AA

STATE OF MINNESOTA OFFICE OF THE SECRETARY OF STATE FILED 06/04/2015 11:59 PM

Oteve Vimm

Steve Simon Secretary of State 1/13/2016 2:00:12 PM From: To: 8506176380(6/6)

thereby certify that this is a true and complete copy of the document as filed for record in this office. 01/12/2016

DATED