

F03000001610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE

AUG 03 2023

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IIA Lifting Services

Name of Corporation

DOCUMENT NUMBER: F03000001610

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rola Mrad

Name of Contact Person

IIA Lifting Services Inc.

Firm/Company

PO Box 5609

Address

Peoria, AZ 85385

City/State and Zip Code

Rolamrad@Industrial-IA.com

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

For further information concerning this matter, please call:

Rola Mrad

Name of Contact Person

at (818) 267-6482

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2023

DIVERSIFIED INSPECTIONS/ITL
16140 N. ARROWHEAD FOUNTAINS CENTER DR.
SUITE #108
PEORIA, FL 85382

SUBJECT: DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING
LABORATORIES, INC.
Ref. Number: F03000001610

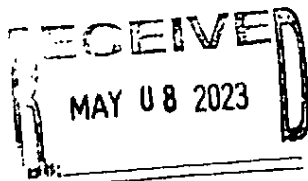
We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 523A00008388

*Attached -
Renee
402-999-6267
renee.richardson@
industrial-ia.com*





FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2023

DIVERSIFIED INSPECTIONS/ITL
16140 N. ARROWHEAD FOUNTAINS CENTER DR.
SUITE #108
PEORIA, FL 85382

SUBJECT: DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING
LABORATORIES, INC.
Ref. Number: F03000001610

We have received your document for DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING LABORATORIES, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 923A00011441

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)

F0300000011010

(Document number of corporation (if known))

1. DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING LABORATORIES, INC

(Name of corporation as it appears on the records of the Department of State)

2. Arizona

(Incorporated under laws of)

3. 04.01.2003

(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? 12.28.22

IIA Lifting Services, 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.

(New duration)

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

(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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

SECRETARY OF STATE
TALLAHASSEE, FL

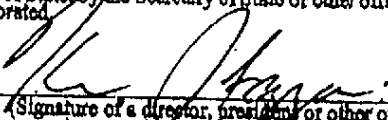
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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

0. 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.



 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
 Kevin J. Fazzari
 (Typed or printed name of person signing)

CFO

 (Title of person signing)

FILING FEE \$35.00

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF AMENDMENT
FOR-PROFIT CORPORATION**
Read the Instructions C014i

1. ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:
Diversified Inspections/Independent Testing Laboratories, Inc.
2. Name Change - type or print the exact NEW name of the entity in the space below:
IIA Lifting Services, Inc.
3. Date on which the attached amendment was adopted: December 28, 2022
4. Does the amendment provide for an exchange, reclassification or cancellation of **issued** shares?
☐ Yes - go to number 4.1 and continue. ☒ No - go to number 5 and continue.
 - 4.1 If your answer to number 4 was "yes," does the amendment contain provisions for implementing the exchange, reclassification or cancellation of issued shares?
☐ Yes - go to number 5 and continue. ☐ No - go to number 4.2 and continue.
 - 4.2 If your answer to number 4.1 was "no," you must provide a statement of the provisions for implementing the exchange, reclassification or cancellation of issued shares - attach a separate sheet with the statement.
5. Check one box concerning approval of the amendment and follow instructions (review the Instructions C014i for information about voting groups):
☐ Approved by incorporators or board of directors without shareholder action, and shareholder approval was not required or no shares have been issued- go to number 6.
☒ Approved by shareholders but not voting groups - complete numbers 5.1 and 5.2.
☐ Approved by shareholders *and* voting groups - complete numbers 5.1, 5.2, and 5.3.
☐ Approved by voting group(s) only - complete numbers 5.1 and 5.3.
 - 5.1 Shares - list below each class and/or series of shares and the total number of outstanding shares for each class or series (*example*: common stock, 100 shares). If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

| | | |
|---------------------|---------|---------------------|
| Class: Common Stock | Series: | Total: 5,380 shares |
| Class: | Series: | Total: |
| Class: | Series: | Total: |
| Class: | Series: | Total: |
| Class: | Series: | Total: |

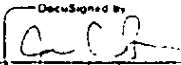
5.2 Shareholder approval (all blanks must be filled in):

| Total votes entitled to be cast | Votes in favor that were sufficient for approval of amendments | Votes against amendments |
|---------------------------------|--|--------------------------|
| 5,380 | 5,380 | 0 |

5.3 Voting Groups – complete each blank below for each voting group. Review the Instructions C014i for information about voting groups. If more space is needed, check this box ☐ and complete and attach the Voting Attachment form C089.

| Voting Group (class / series) | Total votes in voting group | Undisputable votes at meeting | Votes in favor that were sufficient for approval of amendments | Votes against amendments |
|-------------------------------|-----------------------------|-------------------------------|--|--------------------------|
| | | | | |
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| | | | | |

6. A copy of the corporation's amendment must be attached to these Articles.**7. These Articles of Amendment shall be effective as of December 31, 2022, at 11:59 PM MST.****SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.☒ **I ACCEPT**

DocuSigned by

 Signed: 12/28/2022 10:06:28 AM

Jason Schrage, President

12/28/2022

Printed Name

Date

REQUIRED – check only one:

| | | |
|--|--|---|
| <input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document. | <input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document. | <input type="checkbox"/> I am a duly authorized bankruptcy trustee, receiver, or other court-appointed fiduciary for the corporation filing this document. |
|--|--|---|

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

| | |
|--|--|
| Filing Fee: \$25.00 (regular processing) All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900 |
|--|--|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public record and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

EXHIBIT A

ARTICLE I

"The name of the corporation is IIA Lifting Services, Inc. (the "Corporation")."