

F05000003233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

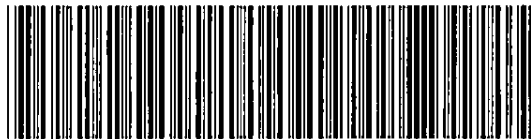
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/24 - 01030--009 **35.00

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2024 FEB 28 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

MAR 20 2024

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TreanorHL, Inc.

Name of Corporation

DOCUMENT NUMBER: F05000003233

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crissa Nonken

Name of Contact Person

Treanor Inc.

Firm/Company

1040 Vermont St

Address

Lawrence, KS 66044

City/State and Zip Code

cnonken@treanorhl.com

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

For further information concerning this matter, please call:

Crissa Nonken

at (785) 845-4858

Name of Contact Person

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

FILED
2024 FEB 28 PM 4:29
STATE OF FLORIDA
CLERK OF THE COURT

(Pursuant to s. 607.1504, F.S.)

(1-3 MUST BE COMPLETED)

FO5000003233

(Document number of corporation (if known))

Treanor HL, Inc.

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

2 Kansas

3 05/25/2005

(Incorporated under laws of)

(Date authorized to do business in Florida)

(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? 01/30/2024

Treanor 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: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

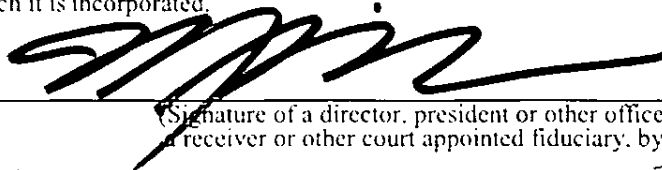
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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)

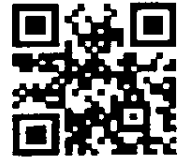
NEAL ANGIZISANO

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE \$35.00

**BEA****KANSAS SECRETARY OF STATE
Business Entity Certificate
of Amendment**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
<https://sos.ks.gov>**1. Business entity ID/file
number:**Not Federal Employer ID
Number (FEIN).

2246833

**2. Name of business
entity:**Must match name on record
with Secretary of State.

TreanorHL INC

3a. Indicate the type of document to be amended:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35) | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35) |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20) | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit) |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35) | |

3b. The document indicated above is amended as follows:

(If additional space is needed please provide an attachment.)

The S-corporation shareholders have elected to change the name of the TreanorHL Inc to Treanor Inc. Treanor Inc is a for-profit corporation.

4. For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:



5. Effective date:

Upon filing with the
Kansas Secretary
of StateFuture effective date:
(Cannot be later than 90 days after
the date this certificate is filed.)

Month

Day

Year

6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature.)*

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

Signature

Name of Signer (Printed or Typed)

Daniel R Rowe

Kansas entities:** Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.Foreign covered entities:** Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.**For Kansas limited partnerships only:**

(See below for required signature(s).)**

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

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if amendment adds a new general partner)

Name of Signer (Printed or Typed)

****Kansas limited partnerships:** Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.