

FO 7191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Conveyor & Equipment Co

DOCUMENT NUMBER: F07191

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Mia Kain

Name of Contact Person

Florida Conveyor & Equipment Co.

Firm/ Company

1643 Williamsburg Square

Address

Lake land FL 33803

City/ State and Zip Code

feeldoe@aol.com

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

For further information concerning this matter, please call:

Mia Kain

Name of Contact Person

at (863) 425-1137

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2011 BY 60322
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

F07191

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. 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:

New Registered Office Address:

(Florida street 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

- **If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Margaret R. Kain	1726 Virginia Ct. Lakeland FL 33813	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	Melissa Mia Kain	1643 Williamsburg Square Lakeland FL 33803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer			
Director	Heather Shea	83 Shadow Ln. Lakeland FL 33813	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Robin Gould	1380 Osprey Landing Dr. Lakeland FL 33813	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

- E. If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

- F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: July 28, 2011
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 28, 2011

Signature Robin Gould
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robin Gould

(Typed or printed name of person signing)

Secretary

(Title of person signing)