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Division of Corporations Fax Number : (350)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN NIAGARA BLOWER COMPANY

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| Certified Copy | 0 |
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JUL 24 2016

S. YOUNG

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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)

| | (1.5 1.105 | 1 11. (3.7///1 1.15.1 (3.7) | |
|---|---|---|--|
| | F15000001372 | | |
| | (Document numb | per of corporation (if known) | |
| 1 NIAGARA BLOWER CO | MPANY | | |
| 1.2 | | rs on the records of the Department of State) | |
| 2. New York | | 3,03/31/2015 | |
| (Івсог) | norated under laws of) | (Date authorized to do busine | ess in Florida) |
| • | | ECTION II Y THE APPLICABLE CHANGES) | |
| 4. If the amendment char | iges the name of the corporat | ion, when was the change effected unde | er the laws of |
| its jurisdiction of inco | rporation? 07/17/2018 | | |
| 5. Alfa Laval Niagara Inc. | | | |
| (Name of corporation appropriate abbreviat | after the amendment, adding tion, if not contained in new t | suffix "corporation," "company," or "in name of the corporation) | ncorporated," or |
| business in Florida) | | te corporate name adopted for the purpo | se of ransacting T |
| 6. If the amendment char | | ndicate new period of duration. | FLORE PE |
| | <i>(</i>) | (ew duration) | |
| 7. If the amendment char | nges the jurisdiction of incorp | poration, indicate new jurisdiction. | |
| | (Nc | w jurisdiction) | |
| Attached is a certificat 90 days prior to delive having custody of corp | te or document of similar improversion to the Document of the Document records in the jurisdiction. | oort, evidencing the amendment, authent epartment of State, by the Secretary of S ion under the laws of which it is incorpo | icated not more than state or other official orated. |
| | TET Med | | |
| | (Signature of a director, pr of a receiver or other cour | esident or other officer - if in the hands t appointed fiduciary, by that fiduciary) | |
| Robert T. Madison, Jr. | | Assistant Treasurer | |
| (Typed or prin | ted name of person signing) | (Title of person signin | g) |

State of New York Department of State

} ss:

I hereby certify, that the Certificate of Incorporation of ALFA LAVAL NIAGARA INC. was filed on 04/29/1904, under the name of NIAGARA BLOWER COMPANY, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment NIAGARA BLOWER COMPANY, changing its name to ALFA LAVAL RIAGARA INC., was filed 07/16/2018.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of July two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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