

F 160000004973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

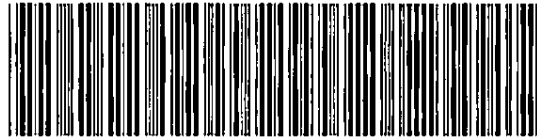
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only




300393879873

2022 SEP -7 PM 3:26

2022 SEP -7 PM 8:57

af 9/12/2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 853131 7431813  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

ORDER DATE : August 3, 2022  
ORDER TIME : 11:03 AM  
ORDER NO. : 853131-055  
CUSTOMER NO: 7431813

FOREIGN FILINGS

NAME: PEOPLE'S CAPITAL AND LEASING  
CORP.

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2022

CORPORATION SERVICE COMPANY

SUBJECT: PEOPLE'S CAPITAL AND LEASING CORP  
Ref. Number: F16000004973

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for PEOPLE'S CAPITAL AND LEASING CORP and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct number 4; date of the name change.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 922A00019940

RECORDED  
2022 SEP -9 AM 11:26  
TALLAHASSEE, FLORIDA

**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.)

2022 SEP -7 AM 8:57

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F1600004973

\_\_\_\_\_  
(Document number of corporation (if known))

1. People's Capital and Leasing Corp

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

2. Connecticut

\_\_\_\_\_  
(Incorporated under laws of)

3. 11/04/2016

\_\_\_\_\_  
(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? August 29 2022

5. M&T Capital and Leasing Corporation

\_\_\_\_\_  
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

10. 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.

*Marie King*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Marie King

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

**FILING FEE \$35.00**

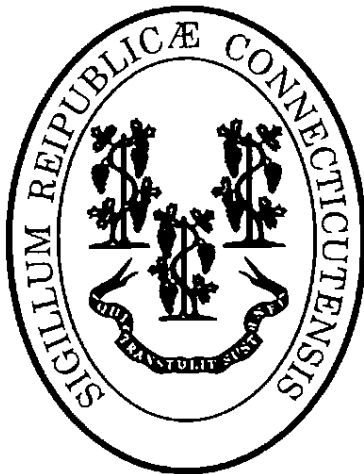
# Secretary of the State of Connecticut

## Mark F. Kohler

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify the annexed copy is a true copy of the record indicated below as filed in this office.

### Certified Copy Details

Business Name	M&T CAPITAL AND LEASING CORPORATION
Filing Type	Certificate of Amendment
Number of Pages	2
Filing Date & Time	08/29/2022 03:08 PM



*In testimony whereof, I have hereunto set my hand and caused the Seal of the State of Connecticut to be affixed at the City of Hartford on September 01, 2022.*

A handwritten signature in black ink that reads 'Mark F Kohler'.

Mark F. Kohler  
Secretary of the State

Certificate ID: CP-00031334

To verify this certificate, visit: <https://service.ct.gov/business/s/verifycertificate>

Or visit Business.CT.gov, all business services, certificate request, and verify certificate.



# Secretary of the State of Connecticut

PHONE: 860-563-8003 • EMAIL: [csd@ct.gov](mailto:csd@ct.gov) • WEB: [www.conncord-sos.ct.gov](http://www.conncord-sos.ct.gov)

OFFICE USE ONLY  
(label)

## CERTIFICATE OF AMENDMENT STOCK CORPORATION

- Use ink. - Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

### FILING PARTY (confirmation will be sent to this address):

NAME: CSC  
ADDRESS: 251 Little Falls Drive  
CITY: Wilmington  
STATE: DE ZIP: 19808

**FILING FEE: \$100.00**

Make checks payable to  
"Secretary of the State"

### 1. NAME OF CORPORATION (required) (must exactly match the name on record with our office, including the business designation, (e.g., Inc., Corp, Corporation, etc):

People's Capital and Leasing Corp

### 2. STATEMENT OF AMENDMENT (required) (check only one of the following statements, 2A, 2B, or 2C)

#### THE CERTIFICATE OF INCORPORATION IS:

- 2A AMENDED ONLY.** In section 3A below, provide the full text of any amendments to the corporation's certificate of incorporation, including any name changes.
- 2B AMENDED AND RESTATED.** In section 3A below, provide the full text of each amendment and attach a complete restatement of the corporation's certificate of incorporation, incorporating the amendments.
- 2C RESTATED.** Attach one document consolidating all previous amendments into the corporation's Certificate of Incorporation.

### 3. CHECK THE BOX: 3A, 3B ON THE NEXT PAGE, OR BOTH, AS APPLICABLE

- 3A TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS**  
(if electing Benefit Corporation status in Section 3B on the next page, provide the text of the specific public benefits here, if any.)

The name of the corporation is M&T Capital and Leasing Corporation.

check box if additional pages are attached

OFFICE USE ONLY  
(label)

<input type="checkbox"/> <b>3B. STATEMENT ELECTING BENEFIT CORPORATION STATUS</b> <i>(Must check box 3B to elect benefit corporation status)</i>  The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.  <b>NOTE:</b> If the Benefit Corporation adopts one or more specific public benefits in addition to the required <u>general public benefit</u> , check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.		
<b>4. STATEMENT OF APPROVAL</b> <i>(required) (must check the box for only one statement, 4A, 4B, 4C or 4D)</i>  <input checked="" type="checkbox"/> <b>4A</b> THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.  <input type="checkbox"/> <b>4B</b> THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.  <input type="checkbox"/> <b>4C</b> THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.  <input type="checkbox"/> <b>4D</b> THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.		
<b>5. EXECUTION/SIGNATURE</b> <i>(required) (subject to penalty of false statement)</i>  DATE (mm/dd/yyyy): _____ / _____ / _____		
NAME OF SIGNATORY <i>(print or type)</i>	CAPACITY/TITLE OF SIGNATORY <i>(print or type)</i>	SIGNATURE
Marie King	Corporate Secretary	