F18000001817

| (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: | | | | | | |
| J. HORNE NOV - 9 2022 | | | | | | |





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08/01/22--01027--019 **35.00





COVER LETTER

| TO: Amendme | ent Section Division of Corporati | ons | | | |
|------------------------|--|---------------------------------------|--------------------------------------|--|--|
| SUBJECT. MALIC | COAT-WINSLOW ENGINEERS | S, P.C. CORPOR | ATION | | |
| SUBJECT: | Name | e of Corporation | | | |
| DOCUMENT NU | MBER: F18000001817 | | | | |
| The enclosed Ame | ndment and fee are submitted for | filing. | | | |
| Please return all co | rrespondence concerning this ma | utter to the follow | ring: | | |
| FREDDIE MALIC | OAT | | | | |
| - | Name of Contact Person | | | | |
| MALICOAT-WIN | SLOW ENGINEERS | | | | |
| - | Firm/Company | | | | |
| 5649 N CLEARVI | EW RD | | | | |
| | Address | | | | |
| COLUMBIA, MO | 65202 | | | | |
| | City/State and Zip Code | | . | | |
| FREDM@MWEN | GRS.COM | | | | |
| E-mail addre | ss: (to be used for future annual r | eport notification | 1) | | |
| For further informa | ation concerning this matter, plea | se call; | | | |
| FREDDIE MALIC | COAT | 573 at (| 819-0706 | | |
| Name of Contact Person | | Area Co | 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

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MALICOAT-WINSLOW ENGINEERS, INC. 001644086

was created under the laws of this State on the 10th day of May, 1977, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of July, 2022.

Certification Number: CERT-07052022-0098

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) F18000001817 (Document number of corporation (if known) MALICOAT-WINSLOW ENGINEERS, P.C. (Name of corporation as it appears on the records of the Department of State) MISSOURI (Date authorized to do business in Florida) (Incorporated under laws of) 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? 06/01/2022 MALICOAT-WINSLOW ENGINEERS, 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) 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 New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action <u>Address</u> <u>Name</u> Title/ Capacity Vice 5649 N Clearview Rd., Columbia MO President Ethan Rinacke Add Remove 5649 N Clearview Rd., Columbia MO Secretary Jared Richardson Treasurer Remove 5649 N Clearview Rd., Columbia MO Secretary Carolyn Malicoaat □Add Treasurer Remove □Add Remove □Add 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. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) PRESIDENT FREDDIE MALICOAT

FILING FEE \$35.00

(Typed or printed name of person signing)

(Title of person signing)