

9/10/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

PRIVATE  
SEP 10 2020

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SPARTAN UPFIT SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

2020 SEP 10 PM 7:48

2020 SEP 10 PM 8:08

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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)**

F180000005551

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

1. Spartan Upfit Services, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Michigan 3. December 4, 2018  
(Incorporated under laws of) (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? April 28, 2020
5. The Shyft Group Upfit Services, 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*

2020-09-10 14:35:23

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

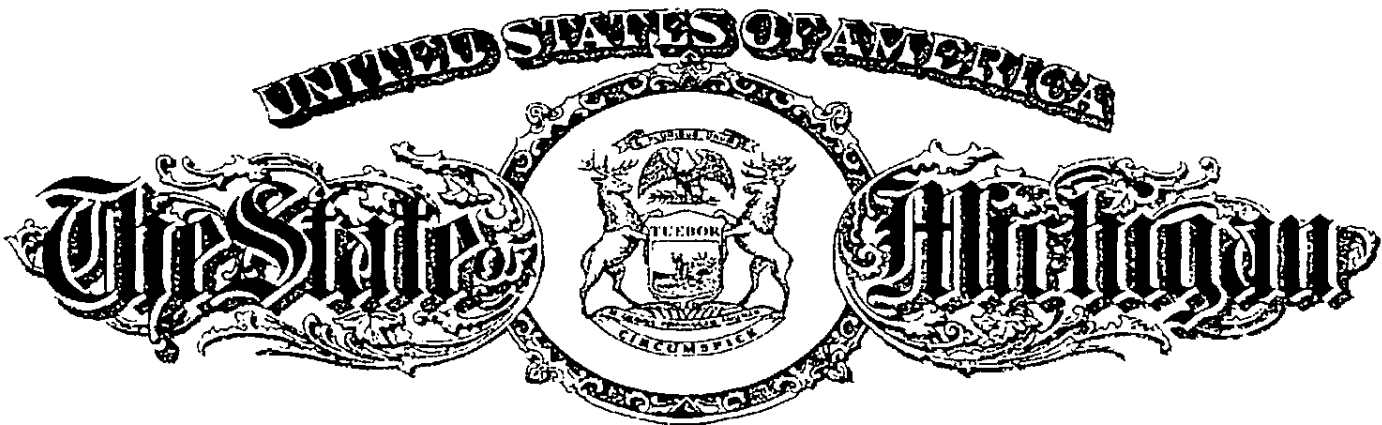
10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws 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)

Ryan L. Roney  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

Secretary  
 \_\_\_\_\_  
 (Title of person signing)

FILING FEE \$35.00



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 20093349640

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of September, 2020.*

*Linda Clegg*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Filed by Corporations Division Administrator Filing Number: 220269407820 Date: 04/28/2020

***MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS***  
***FILING ENDORSEMENT***

***This is to Certify that the*** CERTIFICATE OF AMENDMENT TO THE ARTICLES OF  
INCORPORATION  
***for***

THE SHYFT GROUP UPFIT SERVICES, INC.

***ID Number:*** 802259216

***received by electronic transmission on*** April 28, 2020 ***, is hereby endorsed.***

***Filed on*** April 28, 2020 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28th day of April, 2020.***

*Linda Clegg*

Linda Clegg, Interim Director  
Corporations, Securities & Commercial Licensing Bureau

Filed by Corporations Division Administrator Filing Number: 220269407820 Date: 04/28/2020

**LARA** Corporations  
Online Filing System  
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

**CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION**

For use by DOMESTIC PROFIT CORPORATION

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned corporation executes the following Certificate:

The identification number assigned by the Bureau is:

802259216

The name of the corporation is:

SPARTAN UPFIT SERVICES, INC.

The Articles of Incorporation is hereby amended to read as follows:

**Article I**

The name of the corporation as amended, is:

THE SHYFT GROUP UPFIT SERVICES, INC.

**Article IV**

The street address of the registered office of the corporation and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

1. Agent Name: THE CORPORATION COMPANY  
2. Street Address: 40600 ANN ARBOR ROAD EAST  
Apt/Suite/Other: SUITE 201  
City: PLYMOUTH  
State: MI

Zip Code: 48170

3. Registered Office Mailing Address:

P.O. Box or Street  
Address:  
Apt/Suite/Other:  
City:  
State:

Zip Code:

2. The foregoing amendment to the Articles of Incorporation proposed by the board was duly adopted on: 04/27/2020 by the

written consent of all the shareholders entitled to vote in accordance with Section 407(2) of the Act.

This document must be signed by an authorized officer or agent:

Signed this 28th Day of April, 2020 by:

Signature Title Title if Other was selected

Ryan L. Roney Secretary

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept