

111999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

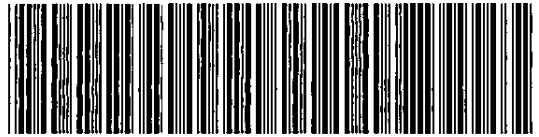
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2009 OCT -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amch
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MASS TRANSFER EQUIPMENT, INC.

DOCUMENT NUMBER: L11999

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

Please return all correspondence concerning this matter to the following:

JESSICA FRICK

Name of Contact Person

MASS TRANSFER EQUIPMENT, INC.

Firm/ Company

186 ROSCOE BLVD NORTH

Address

PONTE VEDRA, FL 32082

City/ State and Zip Code

jessicafrick@comcast.net

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2009

JESSICA FRICK
MASS TRANSFER EQUIPMENT, INC.
186 ROSCOE BLVD NORTH
PONTE VEDRA, FL 32082

SUBJECT: MASS TRANSFER EQUIPMENT, INC.
Ref. Number: L11999

We have received your document for MASS TRANSFER EQUIPMENT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 709A00031167

RECEIVED
2009 OCT -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MASS TRANSFER EQUIPMENT, INC.

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

L11999

(Document Number of Corporation (if known))

FILED
2009 OCT -1 PM 1:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

186 ROSCOE BLVD NORTH

PONTE VEDRA, FL 32082

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:

JESSICA FRICK

New Registered Office Address:

186 ROSCOE BLVD NORTH

(Florida street address)

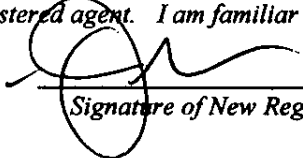
PONTE VEDRA

(City)

Florida **32082**
(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>
MR.	PHILIP J LISTON	PO BOX 1974 PONTE VEDRA, FL 32004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Colin Liston	186 Roscoe Blvd N Ponte Vedia, FL 32079	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

MASS TRANSFER EQUIPMENT, INC. WAS SOLD TO COLIN LISTON 9/2009.

THE NEW EIN NUMBER THAT SHOULD REPLACE THE OLD IS 27-0934156

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)

ALL 500 SHARES ISSUED TO PHILIP J LISTON AND PATRICIA M LISTON, TENANTS
 BY THE ENTIRETIES SHALL BE CANCELLED AND RESISSUED TO COLIN LISTON
 AS THE NEW OWNER OF MASS TRANSFER EQUIPMENT, INC.

The date of each amendment(s) adoption: SEPTEMBER 1, 2009

Effective date if applicable: SEPTEMBER 1, 2009 (date of adoption is required)

(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 9/1/2009

Signature _____

(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)

COLIN LISTON

(Typed or printed name of person signing)

(Title of person signing)