

P03000045475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/P one #)

☐ PICK-UP

☐ WAIT

☐ MAIL

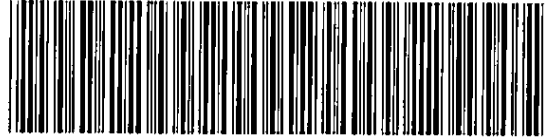
(Business Entity Name)

(Document Number)

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10 SEP -5 PM 10

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DEPARTMENT OF STATE
2010 SEP -5 PM 1:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2018

CORPORATION SERVICE COMPANY
ATTN: EMILY CROFT

SUBJECT: WELDON INDUSTRIES, INC.
Ref. Number: P03000045475

RESUBMIT

Please give original
submission date as file date.

2018 SEP - 5 PM 1:55
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

We have received your document . 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.

YOU MUST ALSO COMPLETE PAGE 2 OF 4 SECTION 5.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 018A00018376

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18 SEP - 7 PM 1:55
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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

ACCOUNT NO. : I20000000195
REFERENCE : 374888 4805310
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

2018 SEP - 5 PM 4:00
CORPORATION SERVICE COMPANY
TALLAHASSEE, FL 32301
850-558-1500

ORDER DATE : September 5, 2018
ORDER TIME : 2:15 PM
ORDER NO. : 374888-005
CUSTOMER NO: 4805310

DOMESTIC AMENDMENT FILING

NAME: WELDON INDUSTRIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Weldon Industries, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/ Company

Address

City/ State and Zip Code

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 &
Certificate of Status
(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

2018 SEP -5 PM 4:05
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of
Weldon Industries, Inc.

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

(Document Number of Corporation (if known))

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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

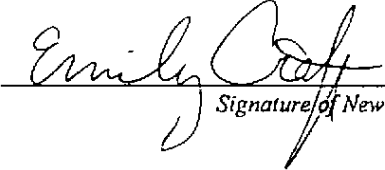
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Corporation Service Company
1201 Hays Street
(Florida street address)

New Registered Office Address: Tallahassee, Florida 32301
(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.

 Emily Croft
Asst. Vice President
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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PST</u>	<u>Mark C. Weldon</u>	<u>1048 S. Frankland Rd.</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33692</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>C</u>	<u>William E. Roller</u>	<u>7733 Forsyth Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>23rd Floor</u>
<input type="checkbox"/> Remove			<u>St. Louis, MO 63105</u>
3) <input type="checkbox"/> Change	<u>PCEO</u>	<u>Chris Kliefoth</u>	<u>10333 Windhorst Rd.</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33619</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VCFO</u>	<u>William Gilmour</u>	<u>10333 Windhorst Rd.</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33619</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VCOO</u>	<u>William Julien</u>	<u>10333 Windhorst Rd.</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33619</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>VS</u>	<u>Michael P. Santoni</u>	<u>7733 Forsyth Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>23rd Floor</u>
<input type="checkbox"/> Remove			<u>St. Louis, MO 63105</u>

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/04/2018 _____

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)

Michael P. Santoni

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Weldon Industries, Inc.

DOCUMENT NUMBER: _____

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_____ at (_____) _____
Area Code & Daytime Telephone Number

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- | | | | |
|---|--|---|--|
| <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

2010 SEP -5 PM 4:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301