# P12000065822

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000253568580

11/07/13--01013--015 \*\*87.50

Amend 1340V-7 174 1:15 11/12/13 Attorney at Law

150 Alhambra Circle, Suite 1150 Coral Gables, Florida 33134 Phone (305) 858-0220 Fax (305) 854-6810 njhuesmann@njhlaw.com

November 5, 2013

### **VIA REGULAR MAIL**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Egmondt Corporation and Belfroid USA, Inc.
Articles of Amendment to Articles of Incorporation

To Whom It May Concern:

Enclosed please find the original, fully executed Articles of Amendment to Articles of Incorporation of Edmondt Corporation and Belfroid USA, Inc. along with copies to be returned to us. Also enclosed is check number 4203 in the amount of \$87.50 for the costs of filing and a certified copy.

Please return the certified copy to the noted address.

Should you have any questions, please do not hesitate to contact our office at 305 858-0220.

Very truly yours,

Nicole J. Huesmann

NJH/eb Enclosures

## ' COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Belfroid US	A, Inc.	
DOCUMENT NUMB	<sub>ER:</sub> P1200006582	2	
	of Amendment and fee are sub		
Please return all corres	pondence concerning this mat	ter to the following:	
	Nicole J. Huesma	nn Esquire	
		Name of Contact Person	
	Nicole J. Huesma		
•		Firm/ Company	
	100 N. Federal Hi	ghway	
•		Address	
	Coral Gables, FL	33134	
		City/ State and Zip Code	:
njhu	uesmann@olsrhh.	com	
<del></del>	E-mail address: (to be use	ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
Nicole Huesmann		<sub>at (</sub> 305	, 858 0220
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

# Belfroid USA, Inc.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
P12000065822		
(Document Number of Corporation (if k	nown)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this $Flat$ is Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co vord "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must c	bbreviation contain the
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- al	చ
	5 7	
<ul> <li>If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;</li> </ul>	s in Florida, enter the name of the	<b>3</b>
Name of New Registered Agent		- CF
(Florida street	address)	•
(1.10) ((4.0)		
New Registered Office Address:	, Florida	

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: X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	,
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Lutgart Ryckaert	100 N. Federal Highway
Add			Suite C-1
X			Fort Lauderdale, FL 33301
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

_ <del></del>
<del></del>
······································
_
<del></del> -

The date of each amendment(s) adoption:date this document was signed.	November 5, 2013	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	, ,	
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	,
Dated November 5	, 2013	
Signature	Allow.	_
	sident or officer if directors or officers have not been corporator if in the hands of a receiver, trustee, or other court	
	y by that fiduciary)	
Olivi	er Maes	
<del></del>	(Typed or printed name of person signing)	
Pres	ident	<b></b>
	(Title of person signing)	