## P17000030781

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SANITARY BEL	TING & SYSTEMS INC.		
DOCUMENT NUMBER: P17000030781			
The enclosed Articles of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
DOMINIC J DICENTES			
	Name of Contact Person		
SANIBELT INC.			
Firm/ Company			
6392 VAN CAMP ST			
	Address		
NORTH PORT FL 34291			
***	City/ State and Zip Code		
ONTHEGO246@VERIZON.NET			
E-mail address: (to be us	sed for future annual report notification)		
For further information concerning this matter, please	se call:		
DOMINIC J DICENTES	at () 416-3280		
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:		
\$35 Filing Fee \$\frac{1}{2}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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		

## Articles of Amendment to Articles of Incorporation of

SANITARY BELTING & SYSTEMS INC.

P17000030781  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  SANIBELT INC.  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must coword "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)	The no	ew ion
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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	2011 APR 27	- -
(Mailing address MAY BE A POST OFFICE BOX)  COMMITTEE BOX  D. If amending the registered agent and/or registered office address in Florida, enter the name of the	2011 APR 27	-
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D. It amending the registered agent and/or registered office address in Florida, enter the name of the	PE 43	. is 1914
new registered agent and/or the new registered office address:	F STATE	<b></b>
Name of New Registered Agent	<del></del>	
(Florida street address)		
New Registered Office Address:, Florida,		
(City) (Zip C		

## 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 <math>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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change			 	
Add				
Remove				
2) Change			 	
Add				_
Remove				
3) Change			 	
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Remove				
4) Change			 	
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5) Change		<del>-</del>	 	
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Remove				
6) Change		··		
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<u>provisions for </u>	nt provides for an exclimplementing the ame licable, indicate N/A)	nange, reclassifica endment if not co	ation, or cancellati ntained in the ame	on of issued share ndment itself:	<u>es,</u>
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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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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 April 23 (d 2017	
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)	_
Domnic Dicentes (Typed or printed name of person signing)	
(Typed of printed mainte of person signing)  (Title of person signing)	
(Title of person signing)	