P180000 36175

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Belt Maintenance	e Group Inc	
DOCUMENT NUME	P18000036175		
The enclosed A rticles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Robin Lane		
		Name of Contact Pers	son —
	Mechanical Industrial Con-		
		Firm/ Company	
	4445 E 10th Ave	· ·······	
		Address	11-11-11
	Tampa, Florida 33605		
		City/ State and Zip Co	nde
mis@	Nampabay.rr.com		
	•	sed for future annual repo	rt notification)
For further information	n concerning this matter, pleas	se call:	
Robin Lane		813 at (247-2868
Name o	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida De	partment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis Clift	et Address Indment Section Ission of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ralt	Maintenance	Group	Inc
Den	Maillenance	CIOUD	1110

(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>te</u>)
P18000036175		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Mechanical Industrial Conveyor Services, Inc		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation ume must contain the
B. Enter new principal office address, if applicable:	4445 E 10th Ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tampa Florida 33605	2019
		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 75241	-1
(, , , , , , , , , , , , , , , , , , ,	Tampa Florida 33675	
		<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>c</u>
Name of New Registered Agent		····
(Florida	street address)	
New Registered Office Address:	, Florid	a(Zip Code)
	(City)	(ZIP Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		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)

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.

<u>X</u> Change	<u>b.L.</u>	John Doe	2			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>SV</u>	Sally Sm	<u>oith</u>			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change		_		-		
Add						
Remove						
2) Change				-		
Add						
Remove						
3) Change		_		_		
Add						
Remove						
4) Change	-	_		-	<u>, </u>	
Add						
Remove						
.5) Change						
Add		_				
Remove				•		
Kentore						
6) Change		_				
Add				,		
Remove						

(Attach additional sh NA	neets, if necessary).	(Be specific)			
				<u>-</u>	
					
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F. If an amendment p provisions for imp	royides for an excha blementing the ameno ble, indicate N/A)	nge, reclassification diment if not conta	on, or cancellation ined in the amen-	n of issued snares. dment itself:	1
NA	ne, marcule (vin)				
·			. <u>-</u>		
				-	

	August 23, 2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	gust 23. 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 40 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, 	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
action was not required.		
August 2	3 2019	
Dated		
	17 11 A 11 0	
Signature	ANX Ralleson	
(Bya)	director, president or other officer – if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	Carl Adkins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	