22948

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |





200284069552

16 APR 11 AM 10: 57

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

| | ACCOUN | NT NO. : | 120000001 | 95 |
|-------------------------------------|-------------------|------------|-------------|---------|
| | REFE | ERENCE : | 065423 | 167868A |
| | AUTHORIZ | ZATION : | Lapeth the | man |
| | COST | LIMIT : | \$35.00 | |
| ORDER DATE | : March 16, | 2016 | | |
| ORDER TIME | : 2:34 PM | | | |
| ORDER NO. | : 065423-170 |) | | |
| CUSTOMER NO | : 167868 <i>P</i> | Ą | | |
| | | | | |
| | FOF | REIGN FILI | <u>NGS</u> | |
| NAME: NMHG FINANCIAL SERVICES, INC. | | | | |
| | | | | |
| XX CORPO | RATE | | | |
| XXXX AMENDM | ENT | | | |
| PLEASE RETU | RN THE FOLLOW | VING AS PR | OOF OF FILI | NG: |
| XX PLA | IN STAMPED CO | PY | | |
| CONTACT PER | SON: Troy To | odd EXT | #62940 | |
| | | EXAM | INER: | |

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| NMHG Financial Services, SUBJECT: | Inc. |
| SCHOLECT. | Name of Corporation |
| DOCUMENT NUMBER: P22948 | |
| | , |
| The enclosed Amendment and fee a | ire submitted for filing. |
| Please return all correspondence co | ncerning this matter to the following: |
| • | |
| Name of Contact P | erson |
| | |
| | |
| Firm/Compar | ıy |
| · · | |
| . Address | |
| | |
| City/State and Zip | Code |
| | |
| E-mail address: (to be used for fu | |
| E-mail address: (to be used for it | nure annual report notification) |
| For further information concerning | this matter, please call: |
| S | • |
| | at () Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following | ng amount: |
| | |
| \$35.00 Filing Fee \$43.75 F | iling Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, ate of Status Certified Copy Certificate of Status & |
| | (Additional copy is Certified Copy enclosed) (Additional copy is |
| | enclosed) |
| Mailing Addmire | Carrage Address |
| Mailing Address: Amendment Section | Street Address: Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

| P22948 | |
|--|---|
| (Document r | number of corporation (if known) |
| NMHG Financial Services, Inc. | • |
| (Name of corporation as it as | ppears on the records of the Department of State) |
| 2. Delaware | 3, 02/10/1989 |
| (Incorporated under laws of) | 3. 02/10/1989 (Date authorized to do business in Florida) |
| (4-7 COMPLETE C | SECTION II ONLY THE APPLICABLE CHANGES) |
| 4. If the amendment changes the name of the corp | poration, when was the change effected under the laws of |
| its jurisdiction of incorporation? 03/01/2016 | |
| 5HYG Financial Services, Inc. | 73: 1 |
| appropriate abbreviation, if not contained in n (If new name is unavailable in Florida, enter alt | ding suffix "corporation," "company," or "incorporated," or new name of the corporation) ernate corporate name adopted for the purpose of transacting |
| business in Florida) 6. If the amendment changes the period of duration | on, indicate new period of duration. |
| | (New duration) |
| 7. If the amendment changes the jurisdiction of in | ncorporation, indicate new jurisdiction. |
| | (New jurisdiction) |
| (Signature of a direct | r import, evidencing the amendment, authenticated not more than the Department of State, by the Secretary of State or other official sdiction under the laws of which it is incorporated. or, president or other officer - if in the hands r court appointed fiduciary, by that fiduciary) |
| Deanna J. Ernst | Secretary |
| (Typed or printed name of person signing) | (Title of person signing) |

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NMHG FINANCIAL

SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "HYG FINANCIAL SERVICES, INC." ON THE FIRST DAY OF

MARCH, A.D. 2016, AT 10:45 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 202117576

Date: 04-08-16

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|---|--|--|--|
| NMHG Financial Services, Inc. | | | | |
| Name o | of Corporation | | | |
| DOCUMENT NUMBER: P22948 | | | | |
| The enclosed Amendment and fee are submi | tted for filing. | | | |
| Please return all correspondence concerning | this matter to the following: | | | |
| | | | | |
| Name of Contact Person | | | | |
| Firm/Company | | | | |
| r trin/Company | | | | |
| Address | , | | | |
| City/State and Zip Code | | | | |
| City/State and 2/p Code | | | | |
| E-mail address: (to be used for future annu | al report notification) | | | |
| For further information concerning this matt | er, please call: | | | |
| Name of Contact Person | at () Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amour | nt: | | | |
| \$35.00 Filing Fee S43.75 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 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | |
| 1 4114114111000, 1 LJ J4J 1 T | ZOOT LACORDYC COLLECT CHOIC | | | |

Tallahassee, FL 32301