

P95000044875

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
MATERIAL HANDLING SYSTEMS, INC.**

Certificate of Status	0
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15 OCT - 8 PM 5:18

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October 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MATERIAL HANDLING SYSTEMS, INC.
720 SW 4TH CT
DANIA, FL 33004US

SUBJECT: MATERIAL HANDLING SYSTEMS, INC.
REF: P95000044875

RE-SUBMIT

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000240592
Letter Number: 215A00021292

15 OCT - 8 PM 5:18
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Material Handling Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: P95000044875

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Danielle Fontes
Name of Contact Person

Material Handling Systems
Firm/Company

720 SW 4th Court
Address

Dania FL 33004
City/State and Zip Code

Danielle.Fontes@mhs Crane.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniello Fontes at 954 416-3729
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2ED45 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Material Handling Systems, Inc.
2. The principal office address: 720 SW 4TH CT, DANIA, FL 33004
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/12/1995 Document number: P95000044873

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PONTES, CHELSA

720 SW 4TH CT

DANIA, FL 33004

6. The name and street address of the new registered agent (if changed) and /or registered office (If changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Ron Fontes President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

10/7/15
Date

If signing on behalf of an entity:

Arusha Arnold
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)