P06000009026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

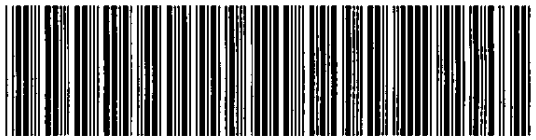
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000158876490

Name Change Amend

07/27/09--01029--005 **52.50

FILED
2009 JUL 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
7/29/09

The Law Firm of

MAXWELL & MAXWELL, P.A.

405 NW THIRD STREET
OKEECHOBEE, FLORIDA 34972

DEVIN R. MAXWELL
ELIZABETH A. MAXWELL

TELEPHONE: 863-763-1119
FACSIMILE: 863-763-1179
okeechobeelawyer@yahoo.com

July 23, 2009

Division of Corporations
ATTN: Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

RE: Okeechobee Heavy Equipment & Salvage, Inc.
Document #: P06000009026

Dear Sir or Madam:

Please find enclosed our Cover Letter and Articles of Amendment, as well as check #5196 representing your filing fee.

Also enclosed is a self-addressed stamped envelope for your convenience.

Should you have any questions regarding the foregoing, please do not hesitate to contact our office.

VERY TRULY YOURS,

Rubi Y. Prieto, Assistant to
DEVIN R. MAXWELL

DRM/rp
Enclosures: as stated

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Okeechobee Heavy Equipment & Salvage, Inc.

DOCUMENT NUMBER: P06000090260

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Devin R. Maxwell, Esq
(Name of Contact Person)

Maxwell & Maxwell, P.A.
(Firm/ Company)

405 NW 3rd Street
(Address)

Okeechobee, FL 34972
(City/ State and Zip Code)

For further information concerning this matter, please call:

Devin R. Maxwell, Esq at (863) 763-1119
(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

☐ $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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2009 JUL 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Okeechobee Heavy Equipment & Salvage, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P06000090264
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Okeechobee Auto Salvage, Inc. *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address: *(Florida street address)*

(City) , Florida *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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)

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 4-23-09

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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_____

Signature Paul M. Lotts

(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)

PAUL M. LOTTS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)