## H76286

| (Re                     | questor's Name)     |             |
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| (Cit                    | y/State/Zip/Phone   | e #)        |
| PICK-UP                 | ☐ WAIT              | ☐ WAIL      |
|                         |                     |             |
| (Bu                     | siness Entity Nar   | me)         |
| · (Dc                   | cument Number)      | <u>.</u>    |
|                         | ournent Humber,     |             |
| Certified Copies        | _ Certificates      | s of Status |
|                         |                     |             |
| Special Instructions to | Filing Officer:     |             |
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SECRETARY OF STATE
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Amend News 8.11-10 FILED

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR          | PORATION:                                    | Integrated Industrial Service   | s, Inc.   |
|----------------------|--|---|---|
| DOCUMENT NU          | IMBER:                                       | H76286  |   |
| The enclosed Artic   | cles of Amendment and fee                    | are submitted for filing.   |   |
| Please return all co | orrespondence concerning t                   | his matter to the following:  |   |
|                      |  |   | 1 .   |
|                      |  | Michael P. Newman   | -   |
| • •                  |  | Name of Contact Person  | ····  |
|                      | Integrat                                     | ed Industrial Services, Inc.  |   |
|                      |  | Firm/ Company   |   |
|                      | 5  | 033 Spring Glen Rd.   |   |
|                      |  | Address   |   |
|                      |  | 4   |   |
|                      | Ja   | cksonville, FL 32207  |   |
| •                    |  | City/ State and Zip Code  | ····  |
|                      |  | •   |   |
|                      | mne  | wman1@fdn.com sed for future annual report notification)  |   |
|                      | E-mail address: (to be u                     | sed for future annual report notification)  |   |
| For further inform   | ation concerning this matte                  | r, please call:   |   |
| Mic                  | chael P. Newman                              | at ( 904 ) 39   | 98-8124   |
| Name                 | of Contact Person                            | at ( 904 ) 39  Area Code & Daytime Tele   | phone Number  |
| Enclosed is a chec   | k for the following amount                   | made payable to the Florida Depart  | ment of State:  |
| \$35 Filing Fee      | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6           | nt Section  Corporations                     | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | e   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| FIL | ED |
|-----|----|
|-----|----|

| Interpretad Indicatrial Com-   | 2010 140   |
|--|--|
| Integrated Industrial Serv   | the Florida Part of State)   |
| (Name of Corporation as currently filed with   | rices, Inc.  the Florida Dept. of State)  SECRETARY OF 3: 54                                   |
| H76286   | TASSEE, F, STATE   |
| (Document Number of Corporat   | ion (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:  | tes, this Florida Profit Corporation adopts the following                                      |
| A. If amending name, enter the new name of the corporatio  | <u>n:</u>  |
|  | The new  |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "corp." | oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | 5033 Spring Glen Rd.   |
|  | Jacksonville, FL 32207   |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  | 5033 Spring Glen Rd.   |
|  | Jacksonville, FL 32207   |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-   |  |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·  |
| 5033 Spring  | Glen Rd.   |
| New Registered Office Address: (Flor   | ida street address)  |
| Jacksonville   | , Florida 32207  |
| (City)   |  |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family Signature of New   |  |

## 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)

| <u>Title</u> | Name  | Address   | Type of Action                   |
|--------------|---|---|----------------------------------|
| <u>VT</u>    | NEWMAN, JUDITH  | 5033 Spring Glen Rd.<br>Jacksonville, FL 32207    |                                  |
| <u>DP</u>    | NEWMAN, MICHAEL   | 5033 Spring Glen Rd. Jacksonville, Ft. 32207      | M_Add Remove                     |
|              |   |   |                                  |
| (attach ad   | ling or adding additional Articles, edditional sheets, if necessary). (Be s                           | rpecific)   |                                  |
|              | 1   |   |                                  |
|              |   |   |                                  |
| provisio     | nendment provides for an exchange<br>ons for implementing the amendme<br>ot applicable, indicate N/A) | , reclassification, or cancellation of the amendm | of issued shares,<br>ent itself: |
| į            |   |   |                                  |
|              |   |   |                                  |
|              | ······  |   | 1                                |
|              |   | •   |                                  |

| The date of each amendmen                         |   |
|---|---|
| Effective date <u>if applicable</u> :             | 08/06/2010 (date of adoption is required)   |
| <u></u>   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                          | (CHECK ONE)   |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.  |
|   | ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes                              | s cast for the amendment(s) was/were sufficient for approval  |
| by  | .,,   |
|   | (voting group)  |
| action was not required.                          | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder  |
| Dated   | 28/06/2010<br>20/06/2010  |
| sel   | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|   | MICHAEL P. NEWMAN   |
|   | (Typed or printed name of person signing)   |
|   | President   |
| • •   | (Title of person signing)   |