

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HOGTOWN RENTALS, INC.

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Corporate Filing Menu

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12/15/2011

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOGTOWN REI	NTALS, INC.	
DOCUMENT NUMBER: P00000030701		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
FREDERICK M. NORFLEET, S		
7	Name of Contact Person	
HOGTOWN RENTALS, INC.		
	Firm/ Company	
134 NW SENTINEL LN		
134 1144 BENTINED BIT	Address	
MADISON, FLORIDA 32340		
	City/ State and Zip Code	
· · · · · · · · · · · · · · · · · · ·		***************************************
E-mail address: (to be t	used for future annual report	hotification)
For further information concerning this matter, plea	ase call:	
FREDERICK M. NORFLEET, SR.	at (850	694 0550
Name of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fcc & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section	Amend	ment Section
Division of Corporations P.O. Box 6327		n of Corporations
Tallahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301



Docember 15, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOGTOWN RENTALS, INC. 184 NW SENTINEL LN Madison, FL 32340

SUBJECT: HOGTOWN RENTALS, INC.

REF: P00000030701

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

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please cmll (850) 245-6907.

Amnette Ramsey Regulatory Specialist II FAX Aud. #: H11000294060 Letter Number: 911A00028064

PECEIVED
19 DEC 16 AM 8: 16
AMAGE REPORTS

Articles of Amendment to Articles of Incorporation of

2011 DEC 16 PM 2: 47

SECRETARY OF STATE

HOGTOWN RENTALS, INC.	TALLAHASSEE, FLORID!
(Name of Corporation as corrently filed P0000030701	with the Florida Dept. of State)
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida St starticles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	pration:
	The new
	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered gent gent and/or registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I are	red Agent: n familiar with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing

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If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) <u>Address</u> Title(s) Name 134 NW SENTINEL LN MADISON, FLORIDA 32340 1) PD___ FREDERICK M. NORFLEET, SR 134 NW SENTINEL LN NIDA N. NORFLEET 2) STD MADISON, FLORIDA 32340 If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Title(s) Name Name KIMBERLY M. SANDERS EMMETT P. SANDERS, III 1)PD 4)<u>D</u>____

2) STD

3)D____

MARY ANN SANDERS

FREDERICK W. SANDERS

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6)___

	(((H11000294060 3)))
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
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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)
	. (y noi applicable, maicule IVA)
Γh	date of each amendment(s) adoption: December 15, 2011
Eff	octive date if applicable: December 15, 2011
	(no more than 90 days after amendment file date)
١d٥	option of Amendment(s) (CHECK ONE)
7	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.
<i>'</i> د	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 east for the amendment(s) was/were sufficient for approval
	by" (voting group)
	(voting group)
] ;	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ction was not required.
⊐ ? a	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 12/15/11 December 15, 2011
	Signature della de
	(By addrector, president of 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)
	FREDERICK M. NORFLEET, SR.
	(Typed or printed name of person signing)
	PRECIDENT
	PRESIDENT (Title of person signing)
	() the of person signing)