

P00000082775

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(Business Entity Name)

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*Amend*

08/21/15--01015--011 \*\*52.50

FILED  
2015 AUG 21 AM 11:40  
STATE OF FLORIDA  
TALLAHASSEE

AUG 26 2015  
A RAMSEY

00789, 00524, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** YARDCO, INC.

**DOCUMENT NUMBER:** P00000082775

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

Please return all correspondence concerning this matter to the following:

JEANNE EBERSOLD  
Name of Contact Person  
YARDCO, INC.  
Firm/ Company  
7729 LAWRENCE ROAD  
Address  
BOYNTON BEACH, FL 33436  
City/ State and Zip Code

YARDCO@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANNE EBERSOLD at ( 561 ) 762-1153  
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

YARDCO, INC.

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

AUG 21 AM 11:40

P00000082775

(Document Number of Corporation (if known))

STATE  
TALLAHASSEE, FLORIDA

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:**

\_\_\_\_\_ 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 CHRIS EBERSOLD  
7729 LAWRENCE ROAD  
(Florida street address)

New Registered Office Address: BOYNTON BEACH, FL \_\_\_\_\_, Florida 33436  
(City) (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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change                      PT      John Doe

Remove                        V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>ELEANOR J. JOHNSON</u>	<u>7729 LAWRENCE ROAD</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FL</u>
<input checked="" type="checkbox"/> Remove			<u>33436</u>
2) <input checked="" type="checkbox"/> Change	<u>PT</u>	<u>CHRISTOPHER E. EBERSOLD</u>	<u>7729 LAWRENCE RD</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FL</u>
<input type="checkbox"/> Remove			<u>33436</u>
3) <input checked="" type="checkbox"/> Change	<u>VS</u>	<u>JEANNE M. EBERSOLD</u>	<u>2433 SUN UP LN</u>
<input type="checkbox"/> Add			<u>LANTANA, FL</u>
<input type="checkbox"/> Remove			<u>33462</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



7/17/2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

7/17/2015

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 ELEANOR JOHNSON, CHRISTOPHER EBERSOLD & JEANNE EBERSOLD,  
 (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.

7/17/2015

Dated \_\_\_\_\_

Signature  \_\_\_\_\_

(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)

CHRIS EBERSOLD

\_\_\_\_\_  
(Typed or printed name of person signing)


PRESIDENT & TREASURER

\_\_\_\_\_  
(Title of person signing)

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **P12000097499**  
1. Entity Name  
**J & Y STAFFING CORP**



FILED  
2015 AUG 25 AM 10:11  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
**175 FOUNTAINBLEU BLVD**  
Suite, Apt. #, etc.  
**# 264**  
City & State  
**Miami**  
Zip  
**33172** Country  
**USA**

3. Mailing Address  
**175 FOUNTAINBLEU BLVD**  
Suite, Apt. #, etc.  
**# 264**  
City & State  
**Miami**  
Zip  
**33172** Country  
**USA**

4. FEI Number  
**46-1379491**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Yenheit Hurtado**

Street Address (P.O. Box Number is Not Acceptable)  
**175 FOUNTAINBLEU BLVD # 264**

City  
**Miami** FL Zip Code  
**33172**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Yenheit Hurtado 175 FOUNTAINBLEU BLVD # 264 Miami, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

800276465556  
08/26/15-01024-002 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **8/20/15** Daytime Phone # \_\_\_\_\_

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASR  
8/20/15