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MAY 0 % 2011

EXAMINER



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ANDERS	SON UTILITY SERVICE	s, INC.
DOCUMENT NU	JMBER: Poloo	0012170	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	JOSEPH M	ANDERSON	
	1	Name of Contact Person	
	ANDERSON UT	Firm/ Company	ENC.
		Firm/ Company	
	6650 B	ARTH ROAD	
•		Address	
•	JACK SONV 1	LLE FL 3221	9 .
		City/ State and Zip Code	
	E-mail address: (to be use	nce @ windstream.med for future annual report notification)	et_
For further inform	ation concerning this matter,	please call:	
K MARK	KALEET c of Contact Person	at (964) 757- Area Code & Daytime Tel	9600
		nade payable to the Florida Depar	
\$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 A Amendmen Division of		Street Address Amendment Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	01				
ANDERSON	MILM	1 SERVIC	ES, IN	<u>C.</u>	
(Name of Corporation as currently t	filed with	the Florida De	pt. of State)	
Pola	0000	12170			
. (Document Number o	f Corporat	ion (if known)			•
Pursuant to the provisions of section 607.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	tes, this <i>Florid</i>	la Profit Co	<i>rporation</i> add	opts the following
A. If amending name, enter the new name of the c	orporatio:	<u>n;</u>			
					The new
name must be distinguishable and contain the waabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	mation "C	orp," "Inc," o	r "Co". A	professional	
B. Enter new principal office address, if applicabl					
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)				= \$4
					₹ 2
					- R 2
C. Enter new mailing address, if applicable:	av.				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>/A</u>)				— Ж
					— e
				_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered			orida, enter	the name of	<u>the</u>
Name of New Registered Agent:					
New Registered Office Address:	(Flori	ida street addre	ess)		
				Florida	
	(City)		(Zip C	:ode)	
New Registered Agent's Signature, if changing Registered			. و. ر	3	T ***
I hereby accept the appointment as registered agent.	1 am jami	uiar with and a	iccept the ob	ugations of th	re position.
G:4.	una of Ma	Registered Ag	out if alarm	ina.	
รเตทกก	IFF IN IVPW	REVISIETED AU	rni 11 (:N/1NQ	IIIV	

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>	<u>Name</u>	Address	Type of Action
PST	BILLIE ANDERSON	GLSO BARTH RD GAGGSONVILLE FL 3721	Æ Add ☐ Remove
			□ Add □ Remove
	·		
	ing or adding additional Articles, entiditional sheets, if necessary). (Be spe		
		•	
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		
		·	

The date of each amendment(s)	adoption: 4-19-11
	adoption: 4-19-11 (date of adoption is required)
Effective date <u>if applicable</u> : (n	to more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	t for the amendment(s) was/were sufficient for approval
by	oting group)
(vo	oting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
	19 -11
Signature X	Bellie anderson
(By a d	lirector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
аррош	ted fiduciary by that fiduciary)
	Billie Anderson (Typed or printed name of person signing)
_	(Typed or printed name of person signing)
	PST
_	(Title of person signing)

/**~** }