70100014139

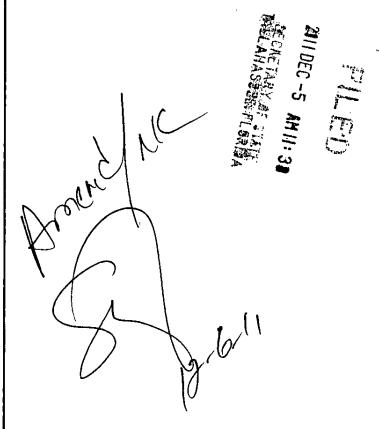
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
·		

Office Use Only



000214852140

12/05/11--01005--010 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:G	ULFSHRED,	INC.	
DOCUMENT N	UMBER: Polo	000 1.4 139		
The enclosed Arti	icles of Amendment and fee a	are submitted for filin	g.	
Please return all c	orrespondence concerning th	is matter to the follow	ving:	
	Bob 1	DALLAGE	•	٠.
	Name	of Contact Person		
	Gus	RECYCLING		
• .	· · · · Fi	rm/ Company	•	
	5630 IR	ON WORKS	ZOAD	
		Address	•	
	Mobile	E AL 3658 State and Zip Code	32	
	City/ S	State and Zip Code		
	hah w	U digita can ha	م الخات الم	a+
. ***	E-mail address: (to be use	ed for future annual report	notification)	<u></u>
	<u> </u>	្រុកម្មាក់ ព្រះប្រើប្រាស់		
For further inform	nation concerning this matter,	please call:		
	······································	F		
Bob	wallaca e of Contact Person	at(751)	343-92	12
Nam	e of Contact Person	Area Code	& Daytime Telepho	one Number
Enclosed is a chec	ck for the following amount r	nade payable to the F	lorida Departme	nt of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional cop enclosed)	_	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	ddress	Street Address		
	nt Section	Amendment Sec		•
	f Corporations	Division of Con	•	•
P.O. Box (Tallahasse	e, FL 32314 (1997)	Clifton Building 2661 Executive	Center Circle	• •
		Tallahassee, FL	32301 1	· · · ·

Articles of Amendment Articles of Incorporation

A Control of the Cont

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

Pologoo14139
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the

Gul new name must be distinguishable	F RECYC	LING, INC	
e new name must be aistinguishable corporated" or the abbreviation "Corp., o". A professional corporation na ociation," or the abbreviation "P.A."	" "Inc ," or Co.,	" or the designation	"Corp," "Inc," or
Enter new principal office address, if a incipal office address <u>MUST BE A STRI</u>			
			
Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF)</u>	le: TCE BOX)	5630 IRO	N WORLS POA
		mobile	AL 36582
		mobile.	N WORKS ROA AL 365BZ
		mobile,	AL 3658Z
	r registered office	address in Florida, e	
new registered agent and/or the new re	r registered office	address in Florida, e	
	r registered office	address in Florida, e	
new registered agent and/or the new re Name of New Registered Agent:	r registered office gistered office add	address in Florida, e ress:	
new registered agent and/or the new re	r registered office gistered office add	address in Florida, e	enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	r registered office gistered office add	address in Florida, e ress: ia street address)	enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	r registered office gistered office add	address in Florida, e ress:	
	r registered office gistered office add (Floria ging Registered A	address in Florida, eress: la street address) (City)	enter the name of the , Florida

Page 1 of 4

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.)

Title(s)	Name		Address
1) PRESIDENT	BOB WALLAC	<u>٤</u> _	5630 IRON WORKS ROAD MOBILE, AL 36582
2) V. PRESIDENT	SAME		SAME
3) SECARTARY	SAME		SAME
4) IREASURER	SAME		SAME
5) DIRECTOR	<u>SAME</u>	 	SAME
6)	<u>. </u>		
If REMOVING an or	officer and/or director, please	list the title(s) and name of the officer/director to be
Title(s)	Name	Title(s)	Name
1)		4)	
2)		5)	<u>.</u>
3)	,	6)	

attach additional sheets, if ne	cessary).	(Be specij	fic)				
	11	A			•		-
		,			·		
							-
		<u> </u>		,			
	<u> </u>						
						<u> </u>	
provisions for implementin	g the ame	hange, rec	assification, o	or cancell in the an	ation of is nendment	sued shar	res
If an amendment provides provisions for implementin (if not applicable, indica	g the ame te N/A)	ndment if i	assification, on the contained	or cancell in the an	ation of is	sued sha itself:	res
provisions for implementing	g the ame	ndment if i	assification, on the contained	or cancell in the an	ation of is	sued shar	res
provisions for implementin	g the ame te N/A)	ndment if i	assification, on the contained	or cancell in the an	ation of is	sued shar itself:	res.
provisions for implementin	g the ame te N/A)	ndment if i	assification, on the contained	or cancell in the an	ation of is	sued shar	res.
provisions for implementin	g the ame te N/A)	ndment if i	assification, on the contained	or cancell in the an	ation of is	sued shan	res.
provisions for implementing	g the ame te N/A)	ndment if i	assification, on the contained	or cancell in the an	ation of is	sued shan	res.
provisions for implementing	g the ame te N/A)	ndment if i	assification, one contained	or cancell in the an	ation of is	sued shan	res
If an amendment provides provisions for implementin (if not applicable, indica	g the ame te N/A)	ndment if i	assification, one contained	or cancell in the an	ation of is	sued shan	res
provisions for implementing	g the ame te N/A)	ndment if i	assification, one contained	or cancell in the an	ation of is	sued sha	res
provisions for implementing	g the ame te N/A)	ndment if i	assification, one contained	or cancell in the an	ation of is	sued sha	res

The date of each amendment(s) adoption:
Effective date if applicable;	(date of adoption - required) /2 - / - 20 / / (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.
	e approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s).
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 12	-1-2011 BS Walloil
Signature	BS Wallow
(By a	a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
·	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 4 of 4