Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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Account Number: 076424001425

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PROPANE SERVICES INC.

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	COVER LETTER
TO: Amendment Section Division of Corporations	
·	OFFICE NO
NAME OF CORPORATION: PROPANE	SERVICES, INC.
DOCUMENT NUMBER: P01000108	809
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Jennifer L. Willian	mson, Esq.
<del> </del>	Name of Contact Person
Crary Buchanan,	P.A.
	Firm/ Company
P.O. Drawer 24	
_ · · · · · · · · · · · · · · · · · · ·	Address
Stuart, FL 34995-	-0024
	City/ State and Zip Code
jlw@crarybuchan	nan.com
	ed for future annual report notification)
·	
For further information concerning this matter, pleas	e call:
Lisa R. Taube	at (772 ) 233-4602
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee Scriffcate of Status	Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

((H12000244690 3))			FILE	0 _
4	Articles of Am to Articles of Income		8- 700 PERO	AM 9: 39
	Articles of Income of PROPANE SER	VICES, INC.	TALLAHASSI	EE. FLORIDA
(Name of Corporation as	eprrently filed with the Flo	rida Dept. of State)		······
	P01000108809			
(Documer	R Number of Corporation (if i	(nown)		<del></del>
Payauant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, this Fo	lorida Profit Corparç	vian adopts the fol	lowing amendment(s) to
A. If amending name, enter the new us	me of the corporation:			
name must be distinguishable and con- "Corp.," "inc.," or Co.," or the design word "characred," "professional associa	ation "Corp," "Inc." or "C	o". A professional i	incorporated" or corporation name	The new the abbreviation unist contain the
· •		2130 SW P	oma Drive	
B. Enter new principal office address. (Principal office address MUST BE A S	TREET ADDRESS	Unit 18, Bld	***************************************	··············
		Palm City, I	FL 34990	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST)		121-211-21-21-21-21-21-21-21-21-21-21-21		<del></del>
			•	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter 1	the name of the	
Name of New Registered Agent	Jennifer L. William	nson, Esq.		
	759 SW Federal		106	
New Registered Office Address:	Stuart (Florida stree		Florida 34994	
. Sammand Marie Ma	(City)	***************************************	(Zip Coc	le)
New Registered Agent's Signature, if e Thereby accept the appointment as regist		th and speept the obj	ligations of the posi	ùlon.
	A STATE OF THE PARTY OF THE PAR	A CONTRACTOR OF THE PARTY OF TH	en an	
	enautre of New Registered As	ent, if changing		

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Kamending 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.

X_Change	PT	John De	<u>DC</u>	•
X Remove	¥	Mike Jo	ones.	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	ST	_	Cheyenne Ellison	P.O. Box 1245
Add				Palm City, FL 34991
X Remove				
2) Change	DVS	T	Matthew S. Brown	P.O. Box 1097
X Add		_		Palm City, FL 34991
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		<b>-</b>		
Remove				
A 01:				
6) Change		_		
Add				
Remove				

mending or adding	additional Article	s, enter change(s	) here:	
ach additional sheet	s, if necessary). (i	Be specific)		
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n amendment prov ovisions for implen (if not applicable,	ides for an exchan nenting the amendi indicate N/A)	ge, reclassificati ment if not conta	on, or cancellation ined in the amend	of issued shares, ment ltself:
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September 19, 2012 The flate of each amendment(s) adoption: \_ Effective date (Capplicable: ino more than 90 days after amendment file date) Adoption of Amendment(s) (GRECK ONE) 📕 The amendment(s) was/were adopted by the shareholders. The number of votes east 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 coting group emitted to cote separately on the amendment(s); "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) [1] 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. September 19, 2012 Signature (By a director, president or other officer - if directors or officers have not been scleened, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Chevenne Ellison (Typed in primed name of person signing) President (Title of person signing)