Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000431844 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.

Account Number : I20050000098

Phone : (239)992-6578

Fax Number : (239)390-1920

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SECURE SHREDDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu Help

RX Date/Time 850-817-6381 12/20/2023 07:09 850 617 6381 12/20/2023 7:07:27 AM PAGE

1/001 Fax Server

P.001

(H23000431844 3)



December 19, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECURE SHREDDING, INC. 1616-102 W CAPE CORAL PKWY PMB 227 CAPE CORAL, FL 33914

SUBJECT: SECURE SHREDDING, INC.

REF: P02000070466

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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000431844
Regulatory Specialist II Supervisor Letter Number: 923A00028923

Resending per request.

P.O BOX 6327 - Tallahassee, Florida 32314

(H23000431844 3)

Tallahassee, FL 32314

TO: Amendment Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(FAX)239 390 1920 P.003/007 (H2300043/844 3)

## COVER LETTER

Division of Corpo	orations		
NAME OF CORPOR	RATION: SECURE SHREDI	DING, INC.	
	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Donna M. Flammang		
	<del></del>	Name of Contact Person	1
	Brennan, Manna & Diamon	d, P.L.	
		Firm/ Company	
	8891 Brighton Lane, Suite 1	, ,	
		Address	
	Bonita Springs, FL 34135		
		City/ State and Zip Code	2
	dmflammang@bmdpl.com		
	E-mail address: (to be us	ed for future annual report	not:fication)
For further information	n concerning this matter, pleas	se call:	
Donna M. Flammang	!	at (239	992-6578 de & Daytime Telephone Number
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artiment of State:
\$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 Address Amendment Section Division of Corporations		Amend	Address ment Section n of Corporations
	Box 6327		entre of Tallahassee

(FAX)239 390 1920

P.004/007

(H23000431844 3)

Articles of Amendment to Articles of Incorporation of

FILED

SECURE SHREDDING, INC.	202	3.050.20 DM t. 07
(Name of Corporation as currer	ttly filed with the Florida Dept	Sistate 111 4.21
P02000070466	Silt	n STATE
(Document Number	of Corporation (if known)	11,5
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation ad	lopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
T & C JENKINS, INC.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation no	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
(Principal office address <u>MOST BE A STREET ADDRESS</u> )		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
l). If amending the registered agent and/or registered office ad		ne of the
new registered agent and/or the new registered office addre	881	
Name of New Registered Agent N/A		
***		- <del></del>
(Florida :	street address)	
New Registered Office Address:		, Florida
•	(City)	(Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		(Zip Code)
Signature of New	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(H23000431844 3)

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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\overline{\Lambda}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(FAX)239-390-1920	P.006/007
(H2300043	1844 3)

N/A	itional sheets, if nece		- y : -y			
<del></del>			_ <del></del>		<del> </del>	
	<del></del>		<del></del>	<del></del>		
				-		
				·	<del>-</del>	
			<del></del>			
	<del></del>				<del>_</del>	<del></del>
·- <u>-</u>						
				<del></del>		
_						
<u>an amen</u>	dment provides for	an exchange, rec	classification, or	cancellation of is	sued shares,	
provisions	for implementing	the amendment i	f not contained	<u>in the amendinen</u>	t itself:	
	applicable, indicate	: N/A )				
7A						
				······································		
				·		

F.007/007

(H23000431844 3)

date this document was signed.	an the
Effective date if applicable:	
(no more than 90 days after umendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
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	
December 18, 2023  Dated  December 18, 2023  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)	
TIMOTHY G. JENKINS	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	