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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Titing Officer:	
Special Instructions to F	ning Officer.	

Office Use Only



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SECRETARY OF STATE

SEP 1 5 2017 T. LEMIEUX



## **COVER LETTER**

TO: Amendment Section

Division of Corporations B.C EQUIPMENT INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NAME OF CONTACT Person EQUIPMENT Firm/Company bchauling a ad. com.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (352) 843-868/
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Malling Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

	Articles of Incorporation of		
20 8	Bacin ment t	~ ~	
Hame of Cornor	ration as currently filed with the Flori	da Dept. of State)	
<u>+63c</u>	XXXX19782		···
(Do	ocument Number of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ration adopts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation: N/A ·		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc." or "Co". A professional	"incorporated" or the ab corporation name must c	obreviation contain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
			<u></u>
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)		
	<del>,</del>		
D. If amending the registered agent and/or registered		the name of the	
new registered agent and/or the new register	red office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages	Registered Agent; int. I am familiar with and accept the ob	oligations of the position.	
		Ža 👜	
	Signature of New Registered Agent, if cha	anging S	77
		AS AS	inam ,
		SEE 4	m
	Page 1 of 4		
	Page 1 of 4	ORIUM WILLIAM	

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: X Change	PI	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	Assist Ta	EASURE EUGENE ZEEN	MORRISTON, FL. 32668
Add			HORRISTON, FL. 32668
X · Remove			
2)Change		_	
Add			
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove		, ·	
6) Change			<u></u>
Add			
Remove			

h additional sheets, if necessary).	(Be specific)			
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amendment provides for an exch visions for implementing the ame	ange, reclassific ndment if not co	ation, or can atained in th	<u>cellation o</u> e amendn	f issued shares. ent itself:
(if not applicable, indicate N/A)				
PINKY MEN	UDOZA	99	0/0	SHARES
Lance B. Ze	 EEK	1%		SHARES
LONCE DIZE				
Lance D. Ze				•
Lance D. Z.C				·
Lance D. Ze				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Sept 07/2017 (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
(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.	
Dated Sept 07/2017	
Signature Porky W Teadose	
(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)	
FINKY WLENDOZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	