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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Universal (Ground Services & Constru	uction Company
DOCUMENT NU	JMBER:	P03000055298	
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:	
		Todd Smith	
	Ŋ	Name of Contact Person	
	Universal Ground Se	ervices & Construction Compan	y, Inc.
		Firm/ Company	
	4	1002 Broad Street	
		Address	
	Bro	ooksville, FL 34604	
		City/ State and Zip Code	
		rsalgroundservices.com	
For further inform	ation concerning this matter,	please call:	
	Todd Smith	at (<u>352</u>) <u>57</u> Area Code & Daytime Tele	73-8144
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	es & Construction (da Dept. of Sta	<u>te)</u>	PH 3: 27
POS	2000055208	TĂ	TLAHASSY O	FSTATE
Universal Ground Service (Name of Corporation as curr P03 (Document Num	nber of Corporation (if kn	own)		FLORIDA
ursuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:				
If amending name, enter the new name o	f the corporation:			
			·	The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co"	4 professiona	atea or the d corporation
Enter new principal office address, if app	olicable:		<u></u>	
rincipal office address <u>MUST BE A STREE</u>	ET ADDRESS)			
			<u> </u>	
Enter new mailing address, if annicable		<u> </u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				
				_
(Mailing address MAY BE A POST OFFI	registered office address	in Florida, ent	er the name o	of the
(Mailing address <u>MAY BE A POST OFFI</u>	registered office address	in Florida, ent	er the name o	<u>f the</u>
(Mailing address MAY BE A POST OFFI	registered office address	in Florida, ent	er the name o	of the
(Mailing address MAY BE A POST OFFI	registered office address	in Florida, ent	er the name o	f the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered agent. Name of New Registered Agent.	registered office address		er the name o	of the
(Mailing address MAY BE A POST OFFI	registered office address		er the name o	of the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered agent. Name of New Registered Agent.	registered office address stered office address: (Florida street	address)	 _, Florida	of the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address	address)	-	of the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi Name of New Registered Agent: New Registered Office Address:	registered office address stered office address: (Florida street	address)	 _, Florida	of the
. If amending the registered agent and/or new registered agent and/or the new regi	registered office address stered office address: (Florida street (City) ng Registered Agent:	address) (Zip	, Florida o <i>Code)</i>	

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
SEC	John Monroe	6253 Candlewood Drive Wesley Chapel, FL 33544	
<u></u>			
(anach da	lditional sheets, if necessary). (Be s	pecyte)	
		,	
		<u> </u>	
provisio	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment((s) adoption: \bigcirc
Pffective data if applicable	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	6-9-11
Signature	Lead Son
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Todd Smith
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)