P04000004334

(Re	equestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIKE'S STUMP RI	EMOVAL, INC.
DOCUMENT NUMBER: P04000004334	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
MARSHBURN, JAMES M	
	Name of Contact Person
MIKE'S STUMP REMOVAL,	
	Firm/ Company
9804 HAROLD BEDFORD R	D
	Address
RIVERVIEW, FL 33578	
	City/ State and Zip Code
E-mail address: (to be used	d for future annual report notification)
JAMES M MARSHBURN	
Name of Contact Person	at (813) 404-2759 Area Code & Daytime Telephone Number
Name of Contact Ferson	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{2}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

2817 OCT -2 AM 10: 54

Articles of Amendment to Articles of Incorporation of



MIKE'S STUMP REMOVAL, INC.

(Name of Corporation	n as currently fil	ed with the Florida I	Dept. of State)	
P04000004334				
(Docume	ent Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Floa	ida Profit Corporatio	n adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the a	" "Inc," or "Co"	. A professional corp	orporated" or the a poration name must	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	- 0 - -			
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		in Florida, enter the	name of the	
Name of New Registered Agent	·			_
	(Florida street a	ddress)		-
New Registered Office Address:		. s. s. ima iis	, Florida	
	(Cit	v)	(Zip	Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		and accept the obliga	tions of the position.	
Robert	Todal	Subbs		_
Signa	ture of New Regis	tered Agent, if changi	ng	

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 <math>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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>enės</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	S		ROBERT TODD GRUBBS	2821 BANYAN LN
x Add				LAKELAND, FL 33805-7500
Remove				
2) Change		_		
Add				
Remove				
3) Change	<u></u>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(tj not applicable, indicate WA)	
· · · · · · · · · · · · · · · · · · ·	

09/22/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er .
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature MW Julium (By director, president or other officer – if directors or officers have not been	··
(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 countries.	rt
appointed fiduciary by that fiduciary)	•
J. M. MARSHBURN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	