PU40U129313

(Requestor's Name)	ii
(Address)	
(Address)	-
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
, , , , , , , , , , , , , , , , , , ,	
(Document Number)	<u> </u>
, ,	
Certified Copies Certificates of	Status
Octamica Copies Certificates of	
Special Instructions to Filing Officer:	
	ļl
	ŀ
	Ų.
	<u> </u>
Office Use Only	



800303155528

09/05/17--01009--017 **95.00

が SEP - 5 AN IO 38

SEP 07 2017

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Florida Heavy Equipment, Incomment number: PO4000129813	<u>-</u> -	
The enclosed Articles of Amendment and fee are submitted for filing.	2	
Please return all correspondence concerning this matter to the following:	1 S	
Lisa Gustafson	1	
Florida Heavy Equipment, Inc. Firm Company 23800 Reading Rd.		
Howey in the Hills, FL 34737 City/ State and Zip Code		
E-mail addres. To be used for future annual report notification)		
For further information concerning this matter, please call:		
Lisa Gustafson 407, 467-8481		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status D\$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Certified Copy is enclosed) Certified Copy (Certifie		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the c	corporation:	
N/A	m.	
name must be distinguishable and contain the land	The vord "corporation," "company," or "incorporated" or the abbre	e ne
"Corn " "Inc " or Co " or the decimation "Corn	vora corporation, company, or incorporated or the anore orp," "Inc," or "Co". A professional corporation name must cont	viano via d
word "chartered," "professional association," or the		
	41/0	
B. Enter new principal office address, if applicabl	<u> </u>	
(Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	N/A	
		
1		
Į		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	stered office address in Florida, enter the name of the	
new registered agent and/or the new registered	ed office address.	
Name of New Registered Agent	N/P	
	(Florida street address)	
N D : 100 A 11	22	
New Registered Office Address:		
ľ	(City) (Exp Code)	,
New Registered Agent's Signature, if changing Re		
hereby accept the appointment as registered agent.	t. I am familiar with and accept the obligations of the position.	
\sim	'A	
- J	gnature of New Registered Agent, if changing	
II.	ים או מיידעריים מיים ער יו	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove, Example:	and/or D if necess vector title President = Chief F r, Directo in the fol wes the co	irector being ary) e by the first le : T= Treasure inancial Office or would be PT lowing mannel orporation, Sal y Smith, SV as	tter of the office title: The secretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chiefer. If an officer/director holds more than one title, list the first letter of each office D. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ly Smith is named the V and S. These should be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	l <u>e</u> <u>Addres</u> s
1) Change	$\underline{\vee}$	P	procton Kuhn
Add Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change		-	1.
Add			
Remove			

E. If amending or adding additional Articles,	 enter_change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
1	
N/A	
	1
	l
	<u></u>
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 	
	!

The date of each amendment(s) adoption: date this document was signed.	08/22/17 . if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date) not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department o Adoption of Amendment(s) (Cl	f State's records. HECK ONE)
_	shareholders. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	
	 radment(s) was/were sufficient for approval
by	ting group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated09/C	21/17
Signature	Mestafson
selected, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
	Lisa M Gustafson (il'yped or printed name of person signing)
	(Typed or printed name of person signing) Sec. / Tyeas.
	(Title of person signing)