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06/28/12--01008--007



AMUND 1000-12-12

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Hipps (	Outdoor Gervices Inc.
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Cathy  Hipps ( PO Box  Windern  Hipps man  E-mail address: (to be use	Price - Hipps  Name of Contact Person  Dutloor Services, Inc.  Firm/ Company  2138  Address  Address  City/ State and Zip Code  Company  Company  Address  A
For further information concerning this matter, please	e call:
Name of Contact Person	at (407) 427-4692 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incor	poration		
Hipps Outdoor	Services, I	rc.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
(Document Number of Corporation (if k	(nown)		•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation ado	pts the following	g amendment(s) t
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporati		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECON OF COSTORIOR STATES OF THE SECOND SECO
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the	
Name of New Registered Agent			
(Florida stree	t address)		
New Registered Office Address: (City)	, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations	of the position.	

Signature of New Registered Agent, if changing

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	VΡ	William Lamar Hipps	PD BOX 2138 Windermere, FL 34780
2) Change Add Remove		_	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<u> </u>		
6) Change Add Remove	<del></del>	<del></del>	

amending or adding additional Articulary (and additional Articulary).	(Be specific)
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<del>-</del>	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
, , , , , , , , , , , , , , , , , , , ,	
***************************************	

The date of each amendment(s) ac	doption:6/26/12
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/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.  The amendment(s) was/were add action was not required.  Dated	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder action acti
(By a d selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	Cathy Price Hipps
	(Typed or printed name of person signing)
	(Title of person signing)