

P04000134340

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

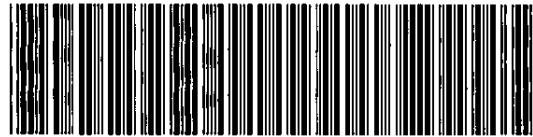
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500183969165

08/09/10--01005--007 \*\*35.00

2010 OCT -4 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Amend*

TB

OCT - 5 2010

RECYCLED CYCLE, INC.  
6837 STATE ROAD 54  
TANGLEWOOD PLAZA  
NEW PORT RICHEY, FL 34653  
WWW.RECYCLED CYCLE.COM  
PH: 727-815-1900  
FX: 727-815-1929

August 2, 2010

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ladies and Gentlemen,

Enclosed please find completed form CR2B045, copy of our marriage certificate and check #1913 in the amount of \$35.00 for filing fee to change my last name change as officer of above Corporation, Recycled Cycle, Inc.

If you have any questions or need further information, please contact me at 727-418-9629.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Palma L. Lawrence". The signature is fluid and elegant, with the first letters of each word being capitalized and prominent.

Palma L. Lawrence, V.P./Co-Owner

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

RECEIVED

10 OCT -1 AM 8:02

NAME OF CORPORATION:

Recycled Cycle, Inc.

SECRET  
TALLAH  
STATE  
FLORIDA

DOCUMENT NUMBER:

P04000134340

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Palma L. Lawrence

Name of Contact Person

Recycled Cycle, Inc.

Firm/ Company

6837 State Road 54

Address

New Port Richey, FL 34653

City/ State and Zip Code

recycledcycle@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Palma L. Lawrence at (727) 815-1900

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  
paid check  
#1913 8/02/10

☐ \$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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2010

PALMA L LAWRENCE  
RECYCLED CYCLE, INC.  
6837 STATE RD 54  
NEW PORT RICHEY, FL 34653-6032

SUBJECT: RECYCLED CYCLE, INC.  
Ref. Number: P04000134340

We have received your document for RECYCLED CYCLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 910A00019168

Articles of Amendment  
to  
Articles of Incorporation  
of

Recycled Cycle, Inc.

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

(Document Number of Corporation (if known))

FILED  
2010 OCT -4 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 corporation:**

The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**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)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Palma L. Lawrence

New Registered Office Address:

6837 State Rd. 54 Tanglewood Plaza

(Florida street address)

New Port Richey, Florida 34653

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Palma L. Lawrence  
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V.P.	Palma L. James	6837 State Rd. 54 Tanglewood Plaza New Port Richey, FL 34653	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
V.P.	Palma L. Lawrence	SAME AS ABOVE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 9-30-10  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 9-30-10

Signature Palma L. Lawrence  
(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)

Palma L. Lawrence  
(Typed or printed name of person signing)

V.P.  
(Title of person signing)