## P04 600137739

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Jacobs Total	Gas Service, Inc.	
DOCUMENT NUMBER: P04000137739		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Sharon Jacobs		
	Name of Contact Person	
Jacobs Total Gas Service	ce, Inc.	
	Firm/ Company	
PO Box 111082		
	Address	
Naples, FL 34108		
	City/ State and Zip Code	
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter	, please call:	
Sharon Jacobs	at (239 253-0509	
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  \$35 Filing Fee  Certificate of Sta	<del>-</del>	
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 Incorporation of

to

Jacobs Total Gas Service, Inc.			
(Name o	of Corporation as current	ly filed with the Florida Dept	t. of State)
P04000137739			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation ac	dopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			—— <del>這一</del> 第 五
(Francipal office address most be AS	TRILL ADDRESS )		<u> </u>
			SEE B
C. Enter new mailing address, if appli (Mailing address MAY BE A POST			FLORITE TO STATE OF THE PERSON
•	! :		
D. If amending the registered agent ar new registered agent and/or the new	w registered office addres		ne of the
Name of New Registered Agent	Carol LeBeau		
	4953 Castello Drive Suite	200	
	(Florida si	treet address)	
New Registered Office Address:	Naples		. Florida 34103
New Registeren Office num ess.		(City)	(Zip Code)
New Registered Agent's Signature, if c	changing Registered Agen	t:	
I hereby accept the appointment as regis			s of the position.
<del></del>	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 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 Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	   <u>th</u>  -	
Type of Action (Check One)	<u>Title</u>	ļ	Name	<u>Addres</u> s
i) Change	V	·	Alexander W Hepperlen	265 Manor Blvd., Apt. #2115
X Add				Naples, FL 34104-1105
Remove				
2) Change				
Add				
Remove				
3 ) Change		<del></del> .		
Add				
Remove				
4) Change		<del></del> .	<u> </u>	
Add			i	
Remove				
5) Change	<del></del>	- <del></del>	<u> </u>	
Add				
Remove				
6) Change				
Add				
Remove				

ch additional sheets, if necessary).	
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amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
visions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	T.
	·
	E.

	May 1, 2017	
The date of each amendment(s) adoption date this document was signed.		, if other than the
May 1, 2017		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date was of State's records.	/ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 4-24-17		
Signature	alm - wors	
	president or other-officer - if directors or officers have not been	
	incorporator - if in the hands of a receiver, trustee, or other court court by that fiduciary)	
•		
Neal Ja	cobs	
<del></del> .	(Typed or printed name of person signing)	
Preside	enti	
<del></del>	(Title of person signing)	<del></del>