## P04000157493

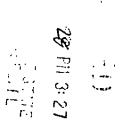
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sun City Septic Ta	nk Service Inc		
DOCUMENT NUM	P04000157493		<u> </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SHARON RAE HYDER			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	)	
	HYDER ACCOUNTING T	AX & CONSULTING SER	RVICE	
		Firm/ Company		
	922 STRATTON ST			
		Address		
	DELTON FL 32725			
		City/ State and Zip Code	2	
	SUBJEXSHARON@GMAIL	COM		
	_	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:	9510743	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	ertment of State:	
□ \$35 Filing Fee	\$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)	
	iling Address		Address	
	endment Section ision of Corporations		ment Section n of Corporations	
	. Box 6327		entre of Tallahassee	
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

## SUN CITY SEPTIC TANK SERVICE, INC

(Name o	f Corporation as current	<u>ly filed with the Florida D</u>	ept. of State)		
	. P040001574	93			
	(Document Number of	f Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the followi	ng amei	ndment(s)
A. If amending name, enter the new na	me of the corporation:				
SUN CITY SEPTIC SERVICES, INC				The	new'
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co"	A professional corporation			
B. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>				******	_
C. Enter new mailing address, if applications (Mailing address MAY BE A POST C					•
D. If amending the registered agent an			name of the	င့်	- a**
new registered agent and/or the new  Name of New Registered Agent	SHARON R HYDER	<u>s</u>	دن ا : ـــا:	28	
Trame of Man Regimer earragem	922 STRATTON ST			_	
	(Florida st	rect address)			
New Registered Office Address:	DELTONA	_ <del></del>	, Florida32725		<del></del>
		(City)	(Zip	Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent, - Lam familiar	<u>.</u>	ions of the position.	·	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
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>	Address
1) Change		Proof # Pro	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			_
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an amendment prov		ment it not contains	<u>eg in the amenamer</u>	it itseii:	
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	4/22/2021	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amends	ment file date)
Note: If the date inserted in this bl document's effective date on the Dep		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	nted by the shareholders. The number of votes efficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approvided for a	oved by the shareholders through voting groups each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for app	proval
by	(voting group)	
	(voling group)	
4/22/2021 Dated		
Signature	David J Lould	
	ector, president or other officer if directors or , by an incorporator – if in the hands of a receive	
	d fiduciary by that fiduciary)	
	DAVID GOULD	
-	(Typed or printed name of person sign	ning)
	PRESIDENT	
-	(Title of person signing)	