P07000095302

Florida Department of State
Division of Corporations
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To:
Attention to: Rebekah White
Regulatory Specialists II
Division of Corporations
Fax Number : (850)617-6380

NC/Amd

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

JAN 23 2014

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tony@pioneerrecyclinginc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
PIONEER RECYCLING, USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$35.00

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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14 JAN 22 AM 11:50
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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January 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PIONEER RECYCLING, USA, INC.
6545 125TH AVENUE N
LARGO, FL 33773

SUBJECT: PIONEER RECYCLING, USA, INC.
REF: P07000095302

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000059158.

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) 245-6050.

Rebekah White
Regulatory Specialist II

FAX Aud. #: H14000013776
Letter Number: 514A00001292

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pioneer Recycling USA, Inc

DOCUMENT NUMBER: P07000095302

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

Please return all correspondence concerning this matter to the following:

Tony McCarthy
(Name of Contact Person)

FL McCarthy Holdings, Inc
Firm/ Company

1720 Hampton Ln.
Address

Clearwater, FL 33762
City/ State and Zip Code

tony@pioneerrecyclinginc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony McCarthy at (727) 235-3437
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

☐ $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

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FILED
14 JAN 22 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Pioneer Recycling USA, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P07000095302
(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 corporation:

FL McCarthy Holdings, Inc. 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)

1720 Hampton Ln.
Clearwater, FL
33762

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

1720 Hampton Ln.
Clearwater, FL
33762

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: ______________________

____
(Florida street 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 and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

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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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change			
☐ Add			
☐ Remove			
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

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

7. **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: _______________, if other than the date this document was signed.

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 1/15/14

Signature _______________
(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)

Tony McCarthy
(Typed or printed name of person signing)

President
(Title of person signing)

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