# P07000106763

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SECRETARY OF STATE

-7 PH 2:21

C. LEWIS

APR 1 0 2014

EXAMINER

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TRI COUNTY TECHNICAL SERVICES, INC.
DOCUMENT NUMBER: P07000106763
The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

# ADAM D'ALENA Name of Contact Person TRI COUNTY TECHNICAL SERVICES, INC. Firm/ Company 9851 S MILITARY TRAIL SUITE E Address BOYNTON BEACH, FL 33436

City/ State and Zip Code

### ACTONYONE@GMAIL.COM

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

For further information concerning this matter, please call:

ADAM D'AL	ENA	<sub>at (</sub> 561	,843-0219
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED FILED

# **Articles of Amendment Articles of Incorporation**

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SECRETARY OF STATES TALLAHASSES FLORIDA

## TRI COUNTY TECHNICAL SERVICES, INC.

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

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(Document Number of Corporation (if known)

ent(s) to

. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporat	The
ame must be atstinguisnable and contain the word—corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	· "Co". A professional corporation name must contai. 1 "P.A."
. Enter new principal office address, if applicable:	9851 S MILITARY TRAIL
Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE E
	BOYNTON BEACH, FL 33436
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9851 S MILITARY TRAIL
(Muning muness MAT DE AT OST OF FICE BOX)	SUITE E
	BOYNTON BEACH, FL 33436
<ol> <li>If amending the registered agent and/or registered office agent new registered agent and/or the new registered office addresses</li> </ol>	
Name of New Registered Agent D'ALENA, ADA	
	RY TRAIL SUITE E
	street address)
POVNITONI	
New Registered Office Address: DOTNION (Ci	, r torida

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.

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>	<u>Addres</u> s
1) Change	Р	D'ALENA, ADAM	9851 S MILITARY TRAIL
Add			SUITE E, BOYNTON
			BEACH, FL 33436
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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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(if not applicable, indicate N/A)	

### APERUVEL AND FILED

14 APR -7 PH 2: 21 The date of each amendment(s) adoption: 04/03/2014 , if other than the date this document was signed. SECRETARY OF STATE TALLAHASSEE, FLORIDA 04/03/2014 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 east 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 (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 04/03/2014 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) ADAM D'ALENA (Typed or printed name of person signing) PRESIDENT (Title of person signing)