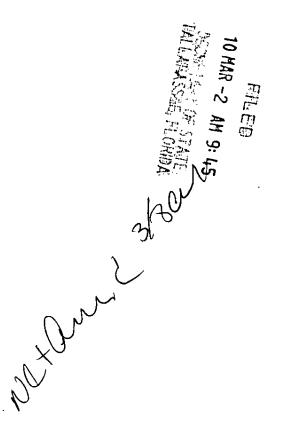
P07000111147

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ldress) | ··· |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| FO: Amendment Section Division of Corpora | tions | 4 | |
|--|--|--|---|
| NAME OF CORPORA | TION: EVER | SPEEN RECYCLINE | SERVICES INC |
| NAME OF CORTORA | TION: _b | | |
| DOCUMENT NUMBE | r: <u>P0700</u> 0 | 01/1147 | |
| The enclosed Articles of | Amendment and fee a | re submitted for filing. | |
| Please return all correspo | ondence concerning thi | s matter to the following: | |
| | JOSUE | A CASTRO | |
| | N | ame of Contact Person | |
| | | | |
| | | Firm/ Company | |
| | 1120 LINA | SAY WAY Address | |
| | 7 7 8 1 110 04 | Address | |
| Same of the second of the seco | K155144 | IEE, FL 34744 ity/ State and Zip Code | |
| • • • • • • | C | ity/ State and Zip Code | |
| | REPOSA. | LIO W HOTHAIL, COL d for future annual report notification) | 1 |
| | E-mail address: (to be used | d for future annual report notification) | , |
| For further information of | concerning this matter, | please call: | |
| JOSUE A | CASTED | at (407)770- | 4492 |
| Name of Cor | tact Person | Area Code & Daytime Tel | |
| Enclosed is a check for t | he following amount m | nade payable to the Florida Depart | ment of State: |
| \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | Street Address | |
| Amendment Sect | | | ,, <u> </u> |
| Division of Corp. P.O. Box 6327 | OFATIONS | Division of Corporations Clifton Building | |
| Tallahassee, FL 3 | 32314 | 2661 Executive Center Circl | e |
| • | | Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| EVERGREEN RECYCLING | |
|---|--|
| (Name of Corporation as currently filed with t | he Florida Dept. of State) |
| P07000111147 | |
| (Document Number of Corporati | on (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statut- amendment(s) to its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| Everagen Auto & Services . Intra | The new |
| Evergreen And Services, Funcion name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "chartered," "professional associations of the contain the word "corp." | orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | 4412 allan st |
| (Principal office address MUST BE A STREET ADDRESS) | Kissimmee Fl 34746 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4412 9llan st 2 2 2 |
| | Hissimmee F1 34746 7 7 8 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade | |
| Name of New Registered Agent: | |
| New Registered Office Address: (Flori | ida street address) |
| | , Florida |
| (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami | |

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)

Title <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add ____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

| The date of each amendment(s) | adoption: 2/11/2010 |
|--|---|
| Effective date if applicable: | (date of adoption is required) |
| (n | o more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval |
| by | ,, |
| (vo | oting group) |
| The amendment(s) was/were a action was not required. | adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were a action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated 2/1 | 1/2010 |
| Signature | thui by |
| (By a c selecte | director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| - | (Typed or printed name of person signing) |
| | |
| _ | VICE PRESIDENT |
| · | (Title of person signing) |