

P08000011903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200370883722

08/02/21--01013--001    \*\*52.50

2021 SEP 13 AM 7:45  
FILING DATE  
FILER'S NAME  
A. Butler  
2021 SEP 13 AM 7:45

A. Butler  
2021 SEP 13 AM 7:45

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PAUL HAULS INC.

**DOCUMENT NUMBER:** P08000011903

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

Please return all correspondence concerning this matter to the following:

PAUL VIOS

Name of Contact Person

PAUL HAULS INC

Firm/ Company

950 WISCONSIN AVE

Address

PALM HARBOR, FL 34683

City/ State and Zip Code

ACCURATE3204@LIVE.COM

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

For further information concerning this matter, please call:

DANIELLE MARTINEZ

at (727) 785-9942

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Paul Hauls Inc  
DOCUMENT NUMBER: PO8000011903

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

Please return all correspondence concerning this matter to the following:

Paul Vios  
Name of Contact Person  
Paul Hauls  
Firm/ Company  
950 Wisconsin Ave  
Palm Harbor, FL 34683  
Address  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Danielle Martinez at (727) 785-9942  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

7-11-ED

2021 SEP 13 AM 7:46

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

PO8000011903

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

(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:**

*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)

---

---

---

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

---

---

---

**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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) \_\_\_\_\_ (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*

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 PT John Doe

Remove  Mike Jones

X Add SV Sally Smith

| (Check One) |   |                                     |                |
|-------------|---|-------------------------------------|----------------|
| 1)          | <input type="checkbox"/> Change         | <input checked="" type="checkbox"/> | Nicholas Vios  |
|             | <input checked="" type="checkbox"/> Add |                                     | 2521 Doe Ct    |
|             | <input type="checkbox"/> Remove         |                                     | Clearwater, FL |
| 2)          | <input type="checkbox"/> Change         |                                     |                |
|             | <input type="checkbox"/> Add            |                                     |                |
|             | <input type="checkbox"/> Remove         |                                     |                |
| 3)          | <input type="checkbox"/> Change         |                                     |                |
|             | <input type="checkbox"/> Add            |                                     |                |
|             | <input type="checkbox"/> Remove         |                                     |                |
| 4)          | <input type="checkbox"/> Change         |                                     |                |
|             | <input type="checkbox"/> Add            |                                     |                |
|             | <input type="checkbox"/> Remove         |                                     |                |
| 5)          | <input type="checkbox"/> Change         |                                     |                |
|             | <input type="checkbox"/> Add            |                                     |                |
|             | <input type="checkbox"/> Remove         |                                     |                |
| 6)          | <input type="checkbox"/> Change         |                                     |                |
|             | <input type="checkbox"/> Add            |                                     |                |
|             | <input type="checkbox"/> 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: July 1, 2021, if other than the date this document was signed.

Effective date if applicable: July 1, 2021  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

Dated July 1, 2021

Signature Paul Vios  
(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)

Paul Vios  
(Typed or printed name of person signing)

President  
(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REC'D SEP 13 PM 12:40

August 16, 2021

PAUL VIOS  
PAUL HAULS INC  
950 WISCONSIN AVE  
PALM HARBOR, FL 34683 US

SUBJECT: PAUL HAULS INC.  
Ref. Number: P08000011903

We have received your document for PAUL HAULS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMIT A SOCIAL BENEFIT FORM, AND THIS IS THE INCORRECT FORM. PLEASE COMPLETED THE ATTACHED FORM, AND SEND IN BACK TO OUR OFFICE.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 321A00019457