P08000053014

, (Requestor's Name)	
(Address)	100157833181
(Address)	
(City/State/Zip/Phone #)	06/29/0901011015 **35.00
(Business Entity Name)	
(Document Number)	Amere
Certified Copies Certificates of Status.	DIVIS SE SE
Special Instructions to Filing Officer:	JUN 29
·	N 29 PH 3: 44
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Accident	Trauma Scene Clea	aners - Tampa, Inc.
DOCUMENT NU	JMBER:	P0800005	3014
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.	
Please return all co	orrespondence concerning thi	matter to the following:	
		Mark W. Henson	
	N	me of Contact Person	
	Accident/Traum	Scene Cleaners - Tan	npa, Inc.
		Firm/ Company	
		304 E. North St	
Address			
	·		
		ampa, FL 33604	
	C	sy/ State and Zip Code	
		atscleaners.com	
	E-mail address: (to be use	for future annual report notifi	cation)
For further inform	ation concerning this matter,	please call:	
N	/lark W. Henson	at (813)	382-4623
	e of Contact Person	*· \	ytime Telephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida	a Department of State:
	□ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is en	Certificate of Status
Mailing A	ddress	Street Address	
Amendme		Amendment Section	
Division of Corporations		Division of Corporat	ions
P.O. Box 6		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Accident/Trauma Scene Cleaners - Tampa, Inc. (Name of Corporation as currently filed with the Florida Dept 3 44 P08000053014 (Document Number of Corporation (if known)

ing

	the corporation:		
			The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,	," or "Co". A professional o	ed" or the
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
 If amending the registered agent and/or registered agent and/or the new registered. 		n Florida, enter the name of	the
		 	
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	(Florida street a	ddress)	
	(Florida street a	, Florida	
	(Florida street a	,	
	(City)	, Florida	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP.	Victor P Van Pelt	15210 Amberly Dr Apt 1514 Tampa, FL 33647	☐ Add ☐ Remove
VP	Adam Salas	531 Mississippi Au 51 Clord, 34769	Add Remove
VP	Christopher Sagan	26853 Saxony Way Wesley Chapel, Fl 355	Add PD Remove
	ng or adding additional Articles, enter citional sheets, if necessary). (Be specific		
provision	ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A)		
	•		

The date of each amendment(s	s) adoption: 06/01/2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	"·
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	6/23/09 MMM A
Signature	MMM M
selec	a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)