P0800055016

(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:			
·			
	ł		

Office Use Only



500137649365

11/07/08--01009--018 **35.00

SECRETARY OF STALE DIVISION OF CORPORATION

Amend 11/20/08

COVER LETTER

NAME OF CORPORATION: MICHAEL PRADE TRUE CUT TEES SERVICES, THE

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER:	POSDC	00055016			
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
MICHAEL PEA	DUE Contact Person)	***************************************			
- MICHARL PER DUK TRY-C4T TARR STRVICK, IN					
- 112 HyDson LN, MAITLAND FL. (Address)					
MAITLAND FL, 32751 (City/State and Zip Code)					
For further information concerning this matter, please call:					
- MICHARL PERDUM (Name of Contact Person)	_at (321356 -	-3447 elephone 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	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 Circl Tallahassee, FL 32301	е			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2008

MICHAEL PERDUE MICHAEL PERDUE TRU-CUT TREE SERVICE INC 112 HUDSON LANE MAITLAND, FL 32751

SUBJECT: MICHAEL PERDUE TRU-CUT TREE SERVICE, INC.

Ref. Number: P08000055016

We have received your document for MICHAEL PERDUE TRU-CUT TREE SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

CHECK ONLY (ONE) BOX.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 808A00057066

Articles of Amendment

to Articles of Incorporation of

(Name of Corporation as currently filed		nt Seauxce, of State)	,
(Document Number of Co	rporation (if known)		
uant to the provisions of section 607.1006, Florida wing amendment(s) to its Articles of Incorporation:	Statutes, this Florida I	Profit Corporation adop	pts the
samending name, enter the new name of the corpo	oration:		
N/A			
new name must be distinguishable and contain orporated" or the abbreviation "Corp.," "Inc.," or ". A professional corporation name must contain or the abbreviation "P.A."	Co.," or the designat	ion "Corp," "Inc," or	
nter new principal office address, if applicable:	MA		
cipal office address <u>MUST BE A STREET ADDRE</u>	(22)		•
		-	
			2
Inter new mailing address, if applicable: Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Ale		, ₽
	· · · · · · · · · · · · · · · · · · ·	_	7
			2
amending the registered agent and/or registered on registered office was registered agent and/or the new registered office agent and/or the new registered office agent and/or the new registered office agent agent and/or the new registered office agent		, enter the name of the	Ì
.1.			
Name of New Registered Agent: AIR	·····		
New Registered Office Address: (Florida street address)		
		Election	
	(City)	Florida(Zip Code)	
Registered Agent's Signature, if changing Register by accept the appointment as registered agent. I on.	ed Agent:	,	f the
/.			
	New Registered Agent, if	Cabanaira	

Page 1 of 3

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 Pres	Name MICHARL PRADUR	Address 112 HuDson La MASTLAND	Type of Action Add Remove
		FL 3275/	Q Add
			Add Remove
E. If amendatach and Market	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp	ter change(s) here: ecific)	
F. <u>If an am</u>	nendment provides for an exchange, r ons for implementing the amendment	eclassification, or cancellation	of issued shares,
	ot applicable, indicate N/A)	in not contained in the amendi	ient RSEII:
	Pi	age 2 of 3	

The date of each amendment(s) adoption:	08
Effective date if applicable: // -5= 0	8
(no more than 90 days after amend	ment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to ve	
"The number of votes cast for the amendment(s) was/were	
by MICHAEL PERPYR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The amendment(s) was/were adopted by the board of directors vaction was not required.	without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
Dated //-5-08	
Signature Michael Por	ight.
(By a director, president or other officer selected, by an incorporator – if in the has appointed fiduciary by that fiduciary)	
MacHaal (Typed or printed name	PraDyu
Meal and	Lard.
(Title of person s	igning)