

POB0000097951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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Amend

06/17/10--01043--003 **190.00

2010 JUN 28 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

\$00789,00611, 00671

AOR
6/28/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL TREE & DEBRIS REMOVAL, INC.

DOCUMENT NUMBER: P08000097951

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

Please return all correspondence concerning this matter to the following:

CRAIG D BLUME ESQ

Name of Contact Person

CRAIG D BLUME PA

Firm/ Company

800 HARBOUR DRIVE

Address

NAPLES, FLORIDA 34103

City/ State and Zip Code

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

For further information concerning this matter, please call:

CRAIG D BLUME

Name of Contact Person

at (239)

417-4848

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2010

Craig D. Blume, Esq.
Craig D. Blume, P.A.
800 Harbour Drive
Naples, FL 34103

SUBJECT: NATIONAL TREE & DEBRIS REMOVAL, INC.
Ref. Number: P08000097951

We have received your document for NATIONAL TREE & DEBRIS REMOVAL, 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):

The registered agent must sign accepting the designation.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 310A00015133

RECEIVED
2010 JUN 28 AM 8:00
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

NATIONAL TREE & DEBRIS' REMOVAL, INC. 2010 JUN 28 AM 11:57

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

P08000097951

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

2504 LONGBOAT DRIVE

NAPLES, FLORIDA 34104

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:

CONSTANCE KRANTZ

New Registered Office Address:

2504 LONGBOAT DRIVE

(Florida street address)

NAPLES

(City)

, Florida 34104

(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.

Constance Krantz
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	TERRY KRANTZ	2504 LONGBOAT DRIVE NAPLES, FLORIDA 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	JAMES SINGLETARY	2504 LONGBOAT DRIVE NAPLES, FLORIDA 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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: JUNE 4, 2010

(date of adoption is required)

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 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)

☐ 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 _____

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)

Terry Krantz

(Typed or printed name of person signing)

V.P

(Title of person signing)