PWW010753

| (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: |] | | | |
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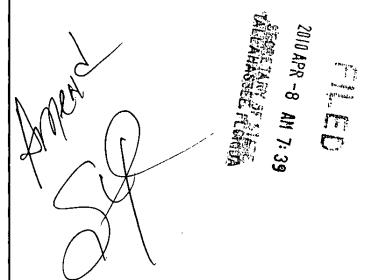
Office Use Only

4, 9,10



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Well | liamson + Sons Tortolse Removal, Inc |
|--|---|
| DOCUMENT NUMBER: P 106 | 00016753 |
| The enclosed Articles of Amendment and | I fee are submitted for filing. |
| Please return all correspondence concern | ing this matter to the following: |
| _ Elizabe | Name of Contact Person |
| Sanco | GS above Firm/ Company |
| PO B | OY 804 Address |
| | Gity/ State and Zip Code |
| Mchelle de E-mail address: (to | be used for future annual report notification) The realty. com |
| For further information concerning this m | natter, please call: |
| Elizabeth Williams Name of Contact Person | at (863) 445-2351 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following ame | ount made payable to the Florida Department of State: |
| \$35 Filing Fee \$Certificate of Statu | |
| 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 |

Articles of Amendment to Articles of Incorporation of

| <u> </u> | 762 | |
|---|---|---|
| | umber of Corporation (if kno | own) / |
| rsuant to the provisions of section 607.10 | t06 Florida Statutes this F | Sarida Profit Corporation admits the fo |
| endment(s) to its Articles of Incorporation: | | |
| If amending name, enter the new name | of the corporation: | |
| | <u> </u> | |
| me must be distinguishable and contain | the word "corneration" | Tiie ine |
| previation "Corp.," "Inc.," or Co.," or th | : ine word - corporation, he designation "Como" "Inc | "company," or "incorporated" for the capacity of the capacity |
| me must contain the word "chartered," "pr | rofessional association." or | the abbreviation "P.A." |
| pr | ojessionai association, or | me door evidinos 1.71. |
| Enter new principal office address, if ap | oplicable: | |
| rincipal office address <u>MUST BE A STRE</u> | | |
| | | |
| | / | |
| | | |
| | | |
| Enter new mailing address, if applicable | le: / | |
| (Mailing address MAY BE A POST OFF | | |
| | 7 | |
| | / | |
| / | | |
| | | |
| If amonding the projectaned agent and/or | registered office address i | in Florida, enter the name of the |
| it amending the registered agent and/or | wistened office address. | |
| new registered agent and/or the new reg | gistered office address: | |
| new registered agent and/or the new reg | gistered office address: | |
| new registered agent and/or the new reg | gistered office address: | |
| new registered agent and/or the new reg | gistered office audress: | |
| new registered agent and/or the new reg | gistered office audress: | |
| new registered agent and/or the new reg | (Florida street o | address) |
| Name of New Registered Agent: | | address) |
| Name of New Registered Agent: | | address) . Florida |
| Name of New Registered Agent: | (Florida street d | , Florida |
| Name of New Registered Agent: | | , |
| Name of New Registered Agent: | (Florida street o | , 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 | | | | |
|---|---|--|---------------------------------------|--|--|--|--|
| P | Grady L Wulliamson Sc | 4290 Walker Lake R Bartow, FL 33830 | Add Remove | | | | |
| <u> D</u> | Elizabeth Williamson | 4290 Walkerlakele Bafoo FL 33830 | Add Remove | | | | |
| <u>vpst</u> | Elizabeth Williamson | 4290 Walker Lake Barrow, FL 33890 | Add El Kemove | | | | |
| vpst | Darrell Wulliamson | Po Box 751 Arcadia, Fl 3426 | Add | | | | |
| | E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | | |
| | NYA | | | | | | |
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| F. <u>If an am</u> | endment provides for an exchange, recla | assification, or cancellation of iss | ued shares, | | | | |
| | provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | | | | |
| | NIA | | | | | | |
| | · \ | | · · · · · · · · · · · · · · · · · · · | | | | |
| *************************************** | | | ···· | | | | |
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| The date of each amendment(s) a | adoption: | 114/10 | | | | | |
|--|--|---|----------------------------|--|--|--|--|
| Effective date <u>if applicable</u> : | (date of | adoption is required) | | | | | |
| (no more than 90 days after amendment file date) | | | | | | | |
| Adoption of Amendment(s) | (CHECK ON | E) | | | | | |
| The amendment(s) was/were act by the shareholders was/were s | dopted by the shareholde sufficient for approval. | ers. The number of votes cast for the | amendment(s) | | | | |
| The amendment(s) was/were a must be separately provided fo | pproved by the sharehole reach voting group enti | . ders through voting groups. The followitled to vote separately on the amendment | wing statement vent(s): | | | | |
| "The number of votes cast | for the amendment(s) w | vas/were sufficient for approval | | | | | |
| by | ting group) | ,,, | | | | | |
| (vo | ting group) | | | | | | |
| The amendment(s) was/were action was not required. | dopted by the board of d | lirectors without shareholder action an | d shareholder | | | | |
| The amendment(s) was/were a action was not required. | dopted by the incorporat | tors without shareholder action and sha | areholder | | | | |
| Dated | 14/10 | <u> </u> | | | | | |
| Signature | brabett all | Meanion | | | | | |
| (By a d | | er officer - if directors or officers have | | | | | |
| | I, by an incorporator – if ed fiduciary by that fidu | f in the hands of a receiver, trustee, or aciary) | other court | | | | |
| | Elizabet | h Wulliamson | | | | | |
| _ | (Typed or prin | nted name of person signing) | _ | | | | |
| _ | Presider | nt | _ | | | | |
| | (Title of person sig | gning) | • | | | | |