# P10000035067

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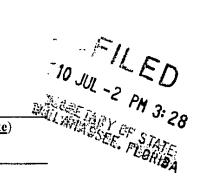
#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: BRITTO	N'S CONSOLIDATED SEF	RVICES, INC.
DOCUMENT NU	MBER:	P10000035067	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		ry C. Roberts, Esquire	
	- ·· N	ame of Contact Person	· · · ·
	Kling	gbeil & Roberts, P.A.	
		Firm/ Company	
		;	
	341	W. Venice Avenue	
		Address	
		/enice, FL 34285	
	C	ity/ State and Zip Code	
	nan	@k-rlaw.com	
	E-mail address: (to be use	d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	•
Gregor	y C. Roberts, Esquire	at ( 941 ) 4	85-2900
	of Contact Person	at ( 941 ) 40 Area Code & Daytime Tel	·
-	· · · · · · · · · · · · · · · · · · ·	nade payable to the Florida Depart	
☑ \$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 A	ddress	Street Address	
Amendmer		Amendment Section	:
	Corporations	Division of Corporations	•
P.O. Box 6	327 e. FL 32314	Clifton Building 2661 Executive Center Circl	
i ananasset	5. P. L. 32.314	ZOUT EXECUTIVE CEHTET CHEL	U

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



### Britton's Consolidated Services, Inc.

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

#### P10000035067

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

			\$ e = 0	The
ne must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or t ne must contain the word "chartered," "p	he designation-"Co	rp,'' "Inc," or	"Co". A professiona	ated"_or al corpore
Enter new principal office address, if a ncipal office address <u>MUST BE A STRE</u>				
				<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
			20 200 20 20 20 20 20 20 20 20 20 20 20	<del></del>
If amending the registered agent and/o new registered agent and/or the new re			ida, enter the name o	of the
Name of New Registered Agent:				
			<del></del>	
New Registered Office Address:	(Florid	la street addres	(S)	
New Registered Office Address:	(Florid	da street addres	, Florida, 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)

Title	<u>Name</u>	Address	Type of Action
· PSD	Michael L. Hughes	246 Snyder Drive Venice, FL 34292	☐ Add ☐ Remove
PDT	Jonathan M. Britton	1190 E. Venice Avenue Venice, FL 34285	☑ Add □ Remove
<u>VPDS</u>	Peter J. Rubyck	1190 E. Venice Avenue Venice, Fl. 34285	✓ Add ☐ Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be specific		
			:
	ndment provides for an exchange, recl s for implementing the amendment if n		
	applicable, indicate N/A)		1
* i.			
		•	"-

The date of each amendment(	s) adoption:	10-38	9-10		
		late of adoption is i	required)		<del></del>
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·				
	(no more than 90 da	ys after amendmen	t file date)		
•					
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/were by the shareholders was/were			nber of vote	es cast for th	e amendment(s)
The amendment(s) was/wern must be separately provided					
"The number of votes of	ast for the amendme	nt(s) was/were suff	icient for a	pproval	
_by			"	; ;	
	(voting group)			-	•
The amendment(s) was/were action was not required.  The amendment(s) was/were action was not required.					
action was not required.  Dated	ne 32/9/1				
Signature	a director, president	or other officer if	'directors o	r officers ha	ve not been
selec	cted, by an incorporation ted fiduciary by the	tor – if in the hands			
	JC	NATHAN M. BI	RITTON		
•	(Typed o	or printed name of	person sign	ing)	
		PRESIDEN	<b>IT</b> • •		
	(Title of per	son signing)			