## P10000046092

(Requestor's Name)
(Address)
(Address)
(ridaless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000215449600

12/27/11--01003--023 \*\*35.00

Amend



n. m-3-1

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

ndustrial Services, Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status **Certified Copy** (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

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

		7/	En.	1
)	A DEC	20	,	
de /	DPSTA AHA	RY O	7 12	<b>.</b> 43
<u>, l</u>	nc <sup>°</sup>	oct !	LOR	I/E

of (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:

me must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "C	o". A professional corpo	porated" or the abbi ration name must cor
Enter new principal office address, if applicable rincipal office address <u>MUST BE A STREET ADD</u>	e <u>:</u>	NIA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )	NIA	
If amending the registered agent and/or registe	red office addre	ss in Florida, enter the na	ame of the
new registered agent and/or the new registered	N D		_
Name of New Registered Agent	17 [1-]	<del> </del>	
Name of New Registered Agent  New Registered Office Address:	(Florida stree	<i>t address)</i> . Florid	 _

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	Ð	Michael S. Johnson	8303 Penny Ln Fort Pierce, Fi 3495
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding addition tach additional sheets, if necessity is a second transfer and the second transfer and the second transfer and the second transfer and the second transfer and t	essary). (Be s	pecific)	<u> </u>		
. NA				<del></del>	
		-			
	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,		
	<del></del>	·····			
, , , , , , , , , , , , , , , , , , ,					•
			·		
					<u> </u>
an amendment provides for	an exchange, r	eclassification	, or cancellation	on of issued sha	res.
rovisions for implementing (if not applicable, indicate	the amendment	if not contain	ed in the ame	ndment itself:	
NIA					
14 (1-	<u> </u>				
	<del>- ,, , ,</del>		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·				<del> </del>
	<u>., .,</u>	<u> </u>			

The date of each amendment(s) adoption:	12-16-11
Effective date <u>if applicable</u> :	NIA
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
	nendment(s) was/were sufficient for approval
by	worting group!
action was not required.	he board of directors without shareholder action and shareholder he incorporators without shareholder action and shareholder
	resident or other officer – if directors or officers have not been
appointed fiducia	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
	rnest T. Johnson (Typed or printed name of person signing)
	President
<del></del>	(Title of person signing)