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SECRETARY OF SIALE DIVISION OF CORPORATIONS

Amenalaca (10/2/2010)

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Hish Cass Environmental Services Inc. **DOCUMENT NUMBER:** ₹ 00000 6950A The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ash Cass Environmental Services Inc Sount Cloud FL 34769

City/ State and Zip Code Ureat adoontage & Yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Victor TacioFano at (407) 334-8754

Name of Contact Person 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 & **△**\$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: In amendment be distinguishable and contain the word "corporation," "company," or abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional association, or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10 DEC 21
(Document Number of Corporation (if known) Tursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation: Lean If amending name, enter the new name of the corporation: The amending name, enter the new name of the corporation: The amending name, enter the new name of the corporation, ""company," or abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional association," or the abbreviation "Corp.," "Inc.," or	— ري ري
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpmendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation," "company," or observiation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A prame must contain the word "chartered," "professional association," or the abbreviation "Corp.," "Inc.," or the abbreviation "Corp.,"	·
If amending name, enter the new name of the corporation: """""""""""""""""""""""""""""""""""	
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Enter new principal office address, if applicable:	professional corporati
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Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
If amonding the varietaved great and/on registered office address in Elevida anten the	h 64h
If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	ne name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
EI	
(City) (Zip Cod	lorido
	lorida de)
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the oblig	
reoy accept the appointment as registered agent. I am jamitiar with and accept the obtig	de)
	de)

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
<u>\$</u>	Cassie Iaciofano	122 Eastern Au 5Aint Cloud Fl 39769	∠ □ Add □ Remove
<u>\$</u>	Victor Taciofono	720 Eastern Aue SAINT Cloud, FI 34769	
5	Cassie Iacidfono	700 Eastern Aug SAIN+ Cloud, FL 34769	Remove
5	Uicker TacioFeno ag or adding additional Articles, enter el	722 Eastern A	ere (Add
E. If amendin	g or adding additional Articles, enter cl	nange(s) here:	160
(attach addi	itional sheets, if necessary). (Be specific		<i>(</i> C)
			
			
F. If an amer	ndment provides for an exchange, reclas	sification, or cancellation of issu	ied shares,
provisions	for implementing the amendment if no		
(if not	applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·	
		. <u> </u>	

The date of each amendment(s) adoption:	9-1	10	
		date of adoption	n is required)	
Effective date if applicable:		<u>9-1-</u>	10	
((no more than 90 de	ays after amen	dment file date)	
Adoption of Amendment(s)	(CHEC	K ONE)		
The amendment(s) was/were by the shareholders was/were			e number of vote	s cast for the amendment(s)
The amendment(s) was/were must be separately provided				
"The number of votes ca	st for the amendme	ent(s) was/were	sufficient for ap	pproval
⁻ by			·	
(1	voting group)			
The amendment(s) was/were action was not required. The amendment(s) was/were action was not required.				
Dated 16	1-90-10			
select		tor – if in the h		officers have not been er, trustee, or other court
	U, Cle (Typed o	or printed nam	COFONT e of person signi	ng)
	Victor (Title of per	Facia son signing)	o Fond	Pres