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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HOPKINS PRESSURE WASH INC.

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TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: <u>HOPKINS</u>	PRESSURE WASH	INC
DOCUMENT N	имвек: <u>Р10000</u> 98	3593	
The enclosed Arti	cles of Amendment and fee s	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		ony Burroughs of Contact Person)	
	INAITIC	or Contact Person;	
		.ega/zoom.com, inc. m/ Company)	
	(FI	in Company)	
******	100 W.	Broadway Suite 100	
		(Address)	
		ndale, CA 91210	
For further inform	City/S ation concerning this matter,	please call:	
	Tony Burroughs	_at ( 323 ) 962-6	enn
	e of Contact Person)		time Telephone Number)
Enclosed is a chec	k for the following amount n	ade payable to the Florida	Department of State:
S35 Filing Fee	S43.75 Filing Fee & Centificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Add ress Amendmen: Section Division of Corporatio Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

12/20/2010 IN:0/

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HOPKINS, ED

2010 DEC 28 AM 9: 59
SECRETARY OF STATE
TALLAHASSEE, FI OPIN

## Articles of Amendment to Articles of Incorporation of

HOPKINS PRESSURE WASH INC.
(Name of Corporation as currently filed with the Morida Dept. of State)
P10000098593
(Document Number of Corporation (if known)
dissuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts flowing amendment(s) to its Articles of Incorporation:
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 esociation," or the abbreviation "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)
. 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:
17316 Timber Oak Ln
New Registered Office Address: (Florida street address)
Fort Myers Florida 33908
(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent. I am familiar with and accept the obligations of stiton.
Signature of New Registered Agent, if changing

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HOPKINS, ED

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If amend	ing or adding additional Article	s, enter change(s) here:	
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If an arr	tendment provides for an excha	nge, reclassification, or cancel	istion of issued shares.
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The date of each amendmen	t(s) adoption: 12/20/2010
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adaption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	rc adopted by the board of directors without sharcholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated/	2/20/2010
Signature	
sele	a director, president or other officer - i directors or officers have not been exted, by an incorporator - if in the hands of a receiver, trustee, or other court of inted fiduciary by that fiduciary)
	Edward Hopkins
	(Typed or printed name of person signing)
	President
	(Title of person signing)