P110000007391

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
Certified Co	(Document Number) pies Certificates of Status
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2011 JUL-11 P # 26

SECRETARY OF STATE
ASSESSES FLORION

JUL 1 2 2013 T. 12 2013



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: POWER EQUIPMENT SALES CORP. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PETER WASDIN Name of Contact Person POWER EQUIPMENT SALES CORP. Firm/ Company 4545 ST. JOHNS AVENUE Address JACKSONVILLE, FLORIDA 32210 City/ State and Zip Code JKSTR@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PETER WASDIN Name of Contact Person 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 Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

POWER EQUIPMENT SALES CORP.

- · — ų	
	(Name of Corporation as currently filed with the Florida Dept. of State)
P11000	007391
	(Document Number of Corporation (if known)
	to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to s of Incorporation:
A. <u>If am</u>	ending name, enter the new name of the corporation:
[] :	The new
"Corp., "	ist be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the artered," "professional association," or the abbreviation "P.A."
	new principal office address, if applicable: I office address <u>MUST BE A STREET ADDRESS</u>)
	r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX)
new r	ending the registered agent and/or registered office address in Florida, enter the name of the egistered agent and/or the new registered office address:
1	ame of new negatives rigen
	(Floridu street address)
,	Many Respiratory Office Address:
New Reg	(City) istered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent. I am familiar with and accept the obligations of the fastion.
	Signature of New Registered Agent, if changing

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
) Change	CEO	HIRAM F. WASDIN	4545 ST. JOHNS AVENUE
X Add			JACKSONVILLE, FL 32210
Remove			
2) Ghange			
Add			
Remove			
3)Change			······
<mark>A</mark> dd			
Remove			
4) Ghange	<u>-</u>		
A dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Committee of the Commit	ticles, enter change(s) here: (Ra specific)
(Attach additional sheets, if necessary).	(ве ѕресціс)
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If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
numbrious for implementing the ana	endment if not contained in the amendment itself:
provisions for implementing the ame	
(If not applicable, indicate N/A)	

	of each amendment(s) adoption:, if other than the document was signed.
Effectivi	date <u>if applicable</u> : (no more than 90 days after amendment file date)
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
Adoptio	n of Amendment(s) (CHECK ONE)
	mendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.
	mendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided 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
	y
☐ The a	mendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.
	mendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.
	Dated
	Signature Juth. Was do
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Peter T Wesdin (Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	President
	(Title of person signing)