(shown below) on the top and bottom of all pages of the document.

(((H12000219609 3)))



H120002196093ABC/

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number: I20030000112

Phone Fax Number

: (239)552-4100 : (239)649-1706

**Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please. **

SCS@SWbnaples, com

COR AMND/RESTATE/CORRECT OR O/D RESIGN EVERGREEN SANITATION CORP

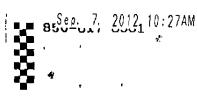
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9/5/2012





September 5, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EVERGREEN SANITATION CORP 3640 5TH AVE NW NAPLES, FL 34120

SUBJECT: EVERGREEN SANITATION CORP

REF: P11000107239

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new president and registered agent name is not legible.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II FAX Aud. #: H12000219609 Letter Number: 112A00022495

RECEIVED

12 SEP - 7 AM 8: 25

DEPARTMENT OF STATE

DIVISION OF COMPORATION

TALL AHA SSEE, FLORIDA

TO: Amendment Section

COVER LETTER

Division of Corpo	orations					
NAME OF CORPO	RATION: Evergreen	Sanitation Corp				
DOCUMENT NUM	BER: P1100010723	9				
	of Amendment and fee are sul					
Please return ali corre	spondence concerning this mat	ter to the following:				
	Gary K. Wilson					
		Name of Contact Person	<u> </u>			
	Salvatori, Wood &					
	Firm/ Company					
	9132 Strada Plac					
	Name I 24400	Address				
	Naples, FL 34108	City/ State and Zip Code	<u> </u>			
		·	•			
<u>mc</u>	ntysanitation@ao					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:	•			
Gary K. Wils	on	at (239	552-4100			
Name of Contact Person		Avea Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
\$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)			
	iling Address		Address			
	endment Section vision of Corporations	Amendment Section Division of Corporations				
P. C). Box 6327	Clifton Building				
Tal	lahassee, FL 32314		Executive Center Circle Bassee, FL 32301			

Sep. 7. 2012 10:27AM	SALVATORI	& WOOD (((H1200021	9609 3111		о. 7840 Р. 4
, ,		Articles of An to Articles of Inco	endment		7 PM 2:54
•	FILED	of		El Children	2:54
		Osan Mation		-CAIIASS	La de la companya della companya della companya de la companya della companya del
(Name of Corpora	elary cure S t	filed with the Flo	rida Dept. of State	9	FLORIDA
	P1100010				
(D	ocument Number	of Corporation (if	known)		
Pursuant to the provisions of sections Articles of Incorporation:	on 607.1006, Flor	ida Statutes, this F	lorida Profit Corpo	ration adopts the fo	llowing amendment(s) to
A. If amending name, enter the	new name of the	corporation:			•
name must be distinguishable as "Corp.," "Inc.," or Co.," or the word "chartered," "professional a	designation "Co.	rp," "Inc," or "C	o". A professional	"incorporated" or corporation name	The new the abbreviation must contain the
B. Enter new principal office ac (Principal office address MUST)			NAPPES,	Kinky 37 Fl. 341	
C. Enter new mailing address. (Mailing address MAY BE A		8 <i>0X</i>)	5545 NAPles,	Shirley F1. 34	57
D. If amending the registered as new registered agent and/or Name of New Registered	the new registere معالم	tered office address:	10-	the name of the	- - -
New Registered Office Ac	ddress.	(Florida stree	1 address)	Florida 39	<u>// 0</u> 9
New Registered Agent's Signatu I hereby accept the appointment a	re, if changing R	epistered Agent: I am familiar wi	th and accept the ol	oligations of the pos	ition.
	63-1 M	- street	19	· ·	
	Signature of	New Registered Ag	d, if changing		
R	obert M. Mon	tgomery, Jr.			

Page 1 of 4

Q

(((H12000219609 3)))

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> <u>Joh</u>	n Doe	
X Remove	<u>У</u> <u>М</u> іі	ce Jones	
X Add	SV Sal	l <u>y Smith</u>	
Type of Action (Check One)	Title	Name	Address
l) Change	Bur	CARL 77. Johns	3640 5 Thre
Add			VINGER EIA 3415
Remove			
2)Change			
Add			
Remove	_	0	
3) Change	gres.	Abert M. Montgomery, Jr.	R 5545 Shirley ST
_X_Add		Robert M. Montgomery, Jr.	MADIOS, Fl. 34/09
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	y). (Be specific	nnee(s) h ere :)		
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				<u></u>
		-		
•				
If an amendment provides for an e	rchange, reclass	ification, or can	cellation of issued	shares.
orovisions for implementing the a (If not applicable, indicate N/A)	<u>mendment if no</u> t	contained in th	e amendment ilse	<u>lft</u>
(y noi appacaole, maicale 1471)	,			
_		<u> </u>		
			 -	

The date of each amendment(s) ado	ption: August 24, 2012
Effective date <u>if applicable;</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was were adopt by the shareholders was/were suff	ted by the sharcholders. The number of votes cast for the amendment(s) licient for approval.
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
.by	(voting group)
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder
Dated 405	- 24- 2012
selected,	vector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiductary)
	carl R. Jones
-	(Typed or printed name of person signing)
_	Pres
	(Title of person signing)