M2000040127

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.5), 2.11.5.2.3.5.3.7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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'AUG 1 7 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SJ	HAULING	INC	
DOCUMENT NUMBER:	P1	120000401	27	
The enclosed Articles of Amendmen	nt and fee are sul	bmitted for filing.		
Please return all correspondence cor	cerning this mat	ter to the following	ng:	
	S	onja McAll	ister	
		Name of Cont	act Person	
	S&	J Hauling	Inc	
		Firm/ Cor	npany	
	Р.	O. box 452	2	
		Addre	SS	
	W	inter Have	n FL 3	3882
		City/ State and	l Zip Code	
S	ihauling@	yahoo.co	m	
		sed for future annu		notification)
For further information concerning t	his matter, pleas	se call:		
Sonja McAllist	er	at (352	240-4519
Name of Contact Person			Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following	g amount made p	payable to the Flo	rida Depar	tment of State:
-	Filing Fee & cate of Status	□\$43.75 Filing Certified Cop (Additional conclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations		Division Clifton	Address nent Section of Corporations Building secutive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

SJ HAULING INC

(Name of Corporation as currently filed with the F	lorida Dept. of State)
P12000040127	(Classical Control of
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
S&J Hauling	J Inc
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3512 F McBerry St
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tampa, FL
	33610
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. box 452
	Winter Haven, FL "
	33882
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent n/a	
(Florida str	reet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
Signature of New Registered 2	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 <math>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	FILING CANCELLE
X Remove	<u>V</u>	Mike Jones	RETURNED CHECK
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TR	Michael McAllister	169 Sanderling Dr
X Add			Haines City FL
Remove			33844
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domova			

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E. If amer (Attach)	nding or adding additional Art additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
n/a	•	
		
		
		
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<u>provis</u>	mendment provides for an exclusions for implementing the ame f not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————

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The date of each amendment(s) adoption: August 1, 2012
Effective date if applicable: August 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated August 1, 2012
Signature
(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)
Sonja McAllister
(Typed or printed name of person signing)
Incorporator
(Title of person signing)