P12000093725

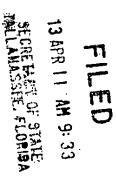
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CODDO	RATION: GREASE L	.IGHTING SER\	/ICES, INC.
	BER: P1200008372		
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	itter to the following:	
.•	KENNETH S. FU	NDERBURG	
·		Name of Contact Person	n
		Firm/ Company	
	12540 RIVER BII	, ,	
	DIVEDVIEW EL	Address	
	RIVERVIEW, FL	City/ State and Zip Cod	e
KF	UNDERBURG@\		
	_	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KENNETH F	UNDERBURG	at (813	389-6144
Name	of Contact Person	Area 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	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	ilino Address	Street	A'ddress

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 10 Articles of Incorporation FILED

GREASE LIGHTING SERVICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P12000083725		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation ad	lopts the following amendme
A. If amending name, enter the new name of the corporation:		
GREASED LIGHTNING SERVICE, INC.		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		ne of the
Name of New Registered Agent M/A		
(Florida :	street address)	
New Registered Office Address: WA.	, Florida_	
(Cit))	(Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia		x of the position.
M/A.		, poomon

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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change		N/A		
Add				
Remove				
2) Change		N/A	****	
Add				
Remove				
3) Change		N/A		
Add				
Remove				***************************************
4) Change	···-	N/A		
Add		,		
Remove				
5)Change		4/4		
Add		,		
Remove				
6) Change	- 	N/A		
Add		-		-
Remove				······································

10	s, if necessary).			·
/A .				
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	<u>ides for an excha</u>	nge, reclassification,	or cancellation of iss	ed shares,
an amendment provinces	nantina tha amam			
an amendment provisions for impler (if not applicable,	nenting the amend indicate N/A)	ument ii not containe	u in the amendment	rzen:
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1.	indicate N/A)	ament ii not containe	u in the amengment	iseii:
orovisions for impler (if not applicable,	indicate N/A)	ament il not containe	o in the arrengment	ISEII:

The date of each amendm	ent(s) adoption: 4-5-13
Effective date <u>if applicabl</u>	/^
Adoption of Amendment(s) (CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
	otes cast for the amendment(s) was/were sufficient for approval
by W/A.	N1
	(voting group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/ action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	4/5/2013
Signaturo	
	(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)
	K: SETH FUNDER BURG. (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)