Division of Corporations

# 4000012801

# Florida Department of State

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(((H140000860853)))



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### COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITED RESTORATION SERVICES INC.

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APR 1 1 2014

C. CARROTHERS

#### **FAX COVER SHEET**

то	
COMPANY	
FAX NUMBER	18506176380
FROM	Amanda Sando
DATE	4/10/2014 7:07:10 AM PDT
RE	(((H14000086085 3))) United Resource Services Inc 509146527

#### COVER MESSAGE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>UN</u>	IITED RI	STORATION SE	RVICES INC.
DOCUMENT NUMBER:		P140000128	)1
The enclosed Articles of Amendmen	t and fee a	e submitted for filing.	
Please return all correspondence con	cerning this	s matter to the following	ng:
<del></del>		nelda Vasquez of Contact Person)	
	(		
	<u>L</u> ,	egalzoom.com, Inc.	
	(Fir	m/ Company)	
		Broadway Suite 100	
		(Addr <del>es</del> s)	
		ndale, CA 91210	
For further information concerning t	` •	ate and Zip Code) please call:	
Imelda Vasquez		at ( <u>323</u> )_	000 8600 47050
(Name of Contact Person)			¿ Daytime Telephone Number)
Enclosed is a check for the following	g amount m	nade payable to the Flo	rida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of		S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address		Street Address	•
Amendment Section		Amendment Sect	
Division of Corporations		Division of Corpo	orations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive C	tenter Circle
1 411411455CC, FL 32314		Tallahassee, FL 3	

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Articles of Amendment to Articles of Incorporation 14 APR 10 AM 9: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

UNITED RESTORATION SERVICES INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P14000012801
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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 ssociation," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. 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:  New Registered Office Address:  (Florida street address)  Florida (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	United Resource Services Inc.		
Principal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. 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:  New Registered Office Address:  (Florida street address)  Florida (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	incorporated" or the abbreviation "Corp., (Co". A professional corporation na	" "Inc.," or Co.," or the design	mation "Corp," "Inc," or
(Mailing address MAY 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:  New Registered Office Address:  (Florida street address)  Florida (City) (Zip Code)  we Registered Agent's Signature, if changing Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  Registered Agent's Signature, if changing Registered Agent:			
New Registered Office Address: (Florida street address) , Florida, Florida, (City) (Zip Code) ew Registered Agent's Signature, if changing Registered Agent:			
(City), Florida, Florida, City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent:			orida, enter the name of th
(City) (Zip Code)  lew Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new re-		orida, enter the name of th
	new registered agent and/or the new re-	gistered office address:	
	new registered agent and/or the new re-	vistered office address:  (Florida street addre	ss) , Florida
hereby accept the appointment as registered agent. I am familiar with and accept the obligations osition.	new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if change	gistered office address:  (Florida street addre  (City)  ging Registered Agent:	rss) , Florida (Zip Code)

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)

Title	Name	Address	Type of Action
<u>VP</u>	Sean E. Stover	804 Jupiter St. Destin, FL 32541	
VP	Ronnie Griffin	804 Jupiter St. Destin, Fl. 32541	✓ Add ☐ Remove
<u>s</u>	Tonia Price	804 Jupiter St. Destin, FL 32541	
provis	nmendment provides for an exchangions for implementing the amending applicable, indicate N/A)	nge, reclassification, or cancellation nent if not contained in the amend	n of issued shares, lment itself:
			***************************************

The date of each amendment(s) adoption: 2/19/2014	····
Effective date if applicable:  (no more than 90) days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follomust be separately provided for each voting group entitled to vote separately on the amendment.	wing statemen nent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated 4/3/2014 Signature Patti Price	
Signature Patti Price	
(By a director, president or other officer if directors or officers have selected, by an incorporator if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Patti Price	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_

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TALL ANASSEE, FLORIDA