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2018 JUN-6 PH 2: 58
SECRETARY OF STATE

C. GOLDEN

JUN - 7 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Bay Area Land Ser	vices, Inc		
DOCUMENT NUMB	ER:			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	James J Lawson			
	***	Name of Contact Persor	1	
	Bay Area Land Services, Inc			
	·	Firm/ Company		
	8309 Joliet Steet			
		Address		
	Hudson, Florida 34667			
•		City/ State and Zip Code	2	
hover	ealand@gmail.com			
- Dayar		sed for future annual report	natification	
For further information James Lawson	n concerning this matter, pleas	se call: at (701-7462	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliffor 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301	

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Articles of Amendment to Articles of Incorporation of

2018 JUN -6 PM 2:55

Bay Area Land Services, Inc			SECRETARY OF STATE
(Name o	f Corporation as currently	filed with the Florida Dept. of State)	-TALLAHASSEE. FLORIDA
P14000058442			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	o". A professional corporation name	the abbreviation
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE AS			·
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		N/A	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addre w registered office address:	ess in Florida, enter the name of the	
-	Candice L Lawson		
Name of New Registered Agent			
	8309 Joliet Street (Florida stre.)		·
	Hudson	3.1	667
<u>New Registered Office Address:</u>		Florida	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	iel and account the obligations of the possible	itten
1 nereny accept the appointment as regist	<u> </u>		~ · · ·
	Signature of New Re	gistered 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 Doe		
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	
I) Change	PST	James J Lawson	8309 Juliet Street	
Add			Hudson, Florida 34667	
X Remove				
2) Change	PST	Candice L Lawson	8309 Joliet Street	
X Add			Hudson, Florida 34667	
Remove				
3) Change				
Add			10 1 1 1 T	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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	<u>iange, reclassification</u>	, or cancellation of is:	sued shares,	
If an amendment provides for an exch	admant if not accessin			
provisions for implementing the ame	ndment if not contain	ett in the amendance	14.74	
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•	06/01/2018	*** -111-
The date of each amendment date this document was signed	(s) adoption:	, if other than th
	06/01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	are adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
06/0	1/2018	
Dated		
Signature_	Boardirector, 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 tiduciary)	
	(Typed or printed name of person signing)	
	(Typed of prince name of persons agains)	
	President	_
	(Title of person signing)	