P15000008731

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hare & Hare Stoke	er Services Inc	,	
DOCUMENT NUMBER: P15000008731				
	s of Amendment and fee are su	ibmitted for filing.		5
Please return all corre	espondence concerning this ma	tter to the following:		
	Christina M. Miller			
		Name of Contact Person	n	_
	Hare & Hare Stoker Services	Inc		
		Firm/ Company		
	3646 Arava Drive			
		Address		_
	Green Cove Springs, FL 320-	43		
		City/ State and Zip Cod	e	
Hare	SSInc@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Christina M. Miller		at (904	469-4600	
Name of Contact Person		Area Co	de & Daytime Telephone Numl	ber
Enclosed is a check f	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)	
Mailing Address		Stanct	Address	

Mailing Address

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 to

		ncorporation of	5 S W
Hare & Hare Stoker Services Inc.			7
(Name	of Corporation as curren	tly filed with the Florida Dept.	of Canal Vive
P15000008731			25 D
	(Document Number	of Corporation (if known)	741
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation add	opts the following amendment
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporat	ion name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl	ioghlar	- -	
(Mailing address MAY BE A POST	OFFICE BOX)	3646 Arava Drive	
		Green Cove Springs, FL 320)43
D. If amending the registered agent an new registered agent and/or the new Name of Nam Persistent Agent			e of the
Name of New Registered Agent	3646 Arava Drive		
		4	
	•	treet address)	32043
New Registered Office Address:	Green Cove Springs		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	honging Degistered Acces	•••	
hereby accept the appointment as regist			of the position.
_	-		

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 = 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>	Name	<u>Addres</u> s
1) Change	CEO	James M. Hare	
Add X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach ad	ding or adding addit additional sheets, if ne	ecessary). (Be spe	ecific)			
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		<u> </u>			<u> </u>	
						
If an ame	endment provides fo ons for implementin	or an exchange, re	<u>classification, or c</u> if not contained in	ancellation of issue	<u>ed shares,</u> tself:	
(if n	not applicable, indica	ate N/A)			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
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The date of each amendment(s) adoption:, if date this document was signed.	other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	he listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	
8/03/2015 Dated	
Signature Christian M. Miller	
(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)	
Christina M. Miller	
(Typed or printed name of person signing)	
CFO	
(Title of person signing)	