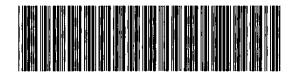
P16000011607

| (Re | questor's Name) | |
|-------------------------|-------------------|------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Haulinit Inc. | | | | |
|---|---|--|--|--|--|
| DOCUMENT NUMB | ER: P16000011607 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| _ | | Doli A Davy | | | |
| | Name of Contact Person | | | | |
| | Dav | y's Accounting Service | es. Inc. | | |
| - | | Firm/ Company | | | |
| | 5321 1st Ave S | | | | |
| Address | | | | | |
| St Petersburg, FL 33707 | | | | | |
| - | City/ State and Zip Code | | | | |
| | مر در در در المراد | | | | |
| | doli@davysacco | sed for future annual report | notification) | | |
| | 2 | | ··-···, | | |
| For further information concerning this matter, please call: | | | | | |
| | , , | | | | |
| Doli A Davy | | at (727 |) <u>520-1980</u> | | |
| | | de & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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 | | Street Address | | | |
| Amendment Section | | Amendment Section | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations Clifton Building | | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

SO LUMBING

Articles of Amendment **Articles of Incorporation**

Haulinit Inc.

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

P16000011607

ent(s) to

| mber of Corporation (if known) |
|--|
| es, this Florida Profit Corporation adopts the following amendm |
| ion: |
| The ne |
| poration," "company," or "incorporated" or the abbreviatio ," or "Co". A professional corporation name must contain th iation "P.A." |
| 5827 31st Ave North |
| Saint Petersburg, FL 33710 |
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| |
| ce address in Florida, enter the name of the |
| address: |
| |
| |
| orida street address) |
| St Petersburg , Florida 33707 |
| (City) (Zip Code) |
| |
| |
| Agent: miliar with and accept the obligations of the position. |
| , , , |
| |
| f Now Posistaned Agant if abquaing |
| |

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 Doe | |
|----------------------------|-------------|-----------------|-------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | _P | Sean M Dockerty | 5827 31st Ave North |
| Add | | | St Petersburg, FL 33710 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| , Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| orovisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| (у пот аррисаоне, таксые пол | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|-------------------------------|
| date this document was signed. | |
| 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 dedocument's effective date on the Department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval. | s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): | ent |
| "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 sharehold action was not required. | er |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 9/8/2016 | |
| | |
| 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 cou | rt |
| appointed fiduciary by that fiduciary) | |
| Sean M Dockerty | |
| · (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |