# P16 0000 36120

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(Address)
(Address)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: HOPTON'S TREE	SERVICE INC	
	MBER: P16000036120		
The enclosed Artic	eles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	ROBERT HOPTON		
		Name of Contact Person	l
	HOPTON'S TREE SERVICE	3	
		Firm/ Company	
	556 N PREVATT AVE		
		Address	
	LAKE HELEN FL 32744		
		City/ State and Zip Code	:
	LISA@BOATMANBRYAN	T.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informs	ation concerning this matter, pleas	se call:	
ROBERT HOPTO	)N	at ( <sup>229</sup>	457-6630 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	© \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

# FILED

2022 JAN 18 PM 1:00

HOPTON'S TREE SERVICE INC

SECRETARY OF STATE

P16000036120	Corporation as curre	ntly filed with the Florid	a Dept. of State 11/255 E i Ellis	
11000000120	(Document Numbe	r of Corporation (if known	n)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, th	nis <i>Florida Profit Corpora</i>	tion adopts the following amendment(	
A. If amending name, enter the new nam	e of the corporation:			
1.COM INC			The new	
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association," or	p," "Inc," or "Co".	A professional corpora		
3. Enter new principal office address, if a	applicable:	125 E INDIANA A	125 E INDIANA AVE SUITE B	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		DELAND FL 32724	DELAND FL 32724	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		125 E INDIANA AVE SUITE B		
		DELAND FL 32724	DELAND FL 32724	
D. If amending the registered agent and/onew registered agent and/or the new registered agent and/or the new registered Agent Name of New Registered Agent			he name of the	
	/A			
_	(Florida	street address)		
New Registered Office Address:	/A		. Florida N/A	
TEN NEGATION OF THE MANAGEMENT OF THE PROPERTY		(City)	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registere	nging Registered Age ed agent. I am familia	ent:		
	Signature of Nev	Registered Agent, if chan	nging	

## Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>	
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
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) N/A Change	N/A	N/A	N/A
Add			<del></del>
Remove 3 ) N/A Change	N/A	N/A 	N/A 
Add			
Remove			
4) N/A Change	N/A	N/A	N/A
Add			
Remove			
5) N/A Change	N/A	N/A	N/A
Add			
Remove			
6) N/A Change	N/A	N/A	N/A
Add			
Remove			

. <u>If am</u> (Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
/A	y
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:
'A	(if not applicable, indicate N/A)
	<u> </u>

01/03/2022	
(*)	, if other than the
late this document was signed.	
01/03/2022 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 violenment's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
by NATALIE AND ROBERT HOPTON	
(voting group)	
Signature    Coher + Hopfon	<u>-</u>
ROBERT HOPTON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	