## PHODOCOBELL

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(Document Number)	_			
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2024 APR 26 AH 10: 52 SECTION AND A SEATE

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2024 APR 26 AM 10: 38

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hopton's Tree Service Inc
DOCUMENT NUMBER: P16000036120
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Casey Hopton  Name of Contact Person  Hopton's Tree Service  Firm/Company  125 F Indiana Ave Suite B  Address  Deland FL 32724  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Cusey Hopkon at 229 457 6630  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Copy  (Additional Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed)  Street Address Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

HCom Tac	Con fact
(Name of Corporation as currently	filed with the Florida Dept. of State 78 26 AH In. 52
P16000036120	filed with the Florida Dept. of State R 26 AH 10: 52  Corporation (if known)
(Document Number of C	Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> s Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	
Hopton's Tree Service ame must be distinguishable and contain the word "corporation," "corporation,"	Inc The new
ume must be distinguishable and contain the word "corporation," "col Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	125 E Fridiana Ave Suite B Octand Fl 32724
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32724 40 69mb Rd Ashburn GA 31714
<ol> <li>If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:</li> </ol>	ss in Florida, enter the name of the
Name of New Registered Agent	
CI II	
(Florida stree	t address)
New Registered Office Address: (C	City) , Florida
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Reg	sistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

A Change	<u>P1</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
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
	<del></del>
	<del>-</del>
	-
If an amondment analysis for an arch	anno madagifiation on samallation of immediations
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del>, , ,</del>	

.

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's r	he applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	NE)
The amendment(s) was/were adopted by the incorpor action was not required.	ators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s	) was/were sufficient for approval
by	, ,
by(voting group	D)
Dated 4-26-24  Signature 4-26-24	
	ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court fiduciary)
Robert	Cased Hopton.  printed name of person signing)
Presid	ent
(Title of 1	person signing)