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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DEPARTMENT OF SIATE

SECRE LARY OF STATE ON STATE OF STATE OF CORPORATIONS

APR 2 8 2017
T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PArker Egfow Empomental
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person PARKER EATON ENVIRONMENTIAL CORP Firm/ Company
Address THIANASSE FIA 32317 City/ State and Zip Code Coverned Confunction Affa. O. L. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (504) 722 - 8622 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$352.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building

Tallahassee, FL 32301

. 2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

PARKER-E	Atom En	(Romenta)	Servie	es In
(Name of Corporation as curr			_	
/T> \ Y			· · · · · · · · · · · · · · · · · · ·	
(Document Nu	mber of Corporation (if kno	own)	•	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this Flor	ida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of	of the corporation:		•	
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "Co"	. A professional corporat		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE				
<u> </u>		,	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF				
	- - -		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or new registered agent and/or the new re		in Florida, enter the nam	e of the	
Name of New Registered Agent				
`				
	(Florida street	address)		•
New Registered Office Address:	<u> </u>	, Florida_		<u> </u>
; ·	(City)		(Zip Code)	
		٠.		
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent:	and accept the obligation	s of the position	1 d
i nereby accept the appointment as registered	ı agem. Tam jamınar wir	i una accepi ine obligation.	of the position.	17 I
Signa	ture of New Registered Age	nt, if changing		FR 28
				H D.

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:	DT	Tal. Par	
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	Name	Address .
1) Change		Kenneth PARKE	1451 Melvin st TAllahassee Fla 32>
Add	•		TAllahyssee Fla 32>
Remove			
2) Change			· .
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			<u> </u>
Add			
Remove	•		
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

ttach <i>additional sheets</i>	s, if necessary).	(De apecific)			
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f an amendment prov provisions for implen	vides for an exch	nange, reclassification	on, or cancellati	<u>ion of issued sh</u> endment itself:	ares,
(if not applicable,	, indicate N/A)	nament ii not conta	inea in the and	mantant reseri.	
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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)	<u>.</u>
	•
Adoption of Amendment(s) (CHECK ONE)	
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.	٠,
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.	
Dated 4-28-17	
Signature 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 court appointed fiduciary by that fiduciary)	
Kerneth J. Arker	•
(Typed or printed name of person signing)	 .

(Title of person signing)