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AUG 25 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VANGUARD RE	CYCLING SOLUTIONS.	INC.
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Peter J. Munson, Esquire		
		Name of Contact Perso	n
	Clark Campbell Lancaster &	Munson, P.A.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	500 S. Florida Avenue, Suite	· ·	
		Address	
	Lakeland, Florida 33801		
		City/ State and Zip Cod	
	10 "		
cama	sek@gmail.com	sed for future annual report	
	n-man address: (to be us	sed for future annual report	notrication)
For further information	a concerning this matter, pleas	se call:	
Charles A. Masek		at (323-4748
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name o	f Corporation as curre	ntly filed with the Flor	ida Dept. of State)		
P17000002474					
	(Document Numbe	r of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, th	ás Florida Profit Corpo	oration adopts the follow	ing amendn	nent(s) to
A. If amending name, enter the new na	me of the corporation:				
N/A				The ne	,,,,,
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," of	· "Co". A projessiona		abbreviatio	on
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A	A C	SF 17 L	
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST C</u>		N/A	The state of the s	W6 22 PH 1: 96	FILED
D. If amending the registered agent and new registered agent and/or the new			r the name of the		
Name of New Registered Agent	N/A			_	
	(Florida	street address)		_	
New Registered Office Address:	N/A	==			
		(City)	(Zij	n Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			bligations of the position.		
	Signature of New	: Registered Agent, if ch	onnoino	_	

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFO	ROBERT E. HARTFORD	5912 BRECKENRIDGE PKWY
Add			SUITE F
Remove			TAMPA, FL 33610
2) Change	PRES	CHARLES A. MASEK, JR.	5912 BRECKENRIDGE PKWY
X Add			SUITE F
Remove			TAMPA, FL 33610
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damovo			

E. If ame	ending or adding additional Arti vadditional sheets, if necessary).	cles, enter change(s) here:		
N/A	vadamonai snecis, ij necessarv).	(ne specific)		
	-			
		<u> </u>		,
				•
				
			·	
		<u> </u>		<u></u>
				- .
F. <u>Ifan a</u>	amendment provides for an exch	ange, reclassification, or c	ancellation of issued s	hares,
<u>ргоv</u> (isions for implementing the amer if not applicable, indicate N/A)	idment if not contained in	the amendment itself	<u>i</u>
N/A				
				
				
				

The date of each amendment(s) adoption:	if other than the
Effective date if applicable: (no more than 90 days after amendment file days)	nte)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremedocument's effective date on the Department of State's records.	ents, this date will not be 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 a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"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 action was not required.	I shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated 8/15/17	
Dated8 \ 15 \ 17 Signature	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
CHARLES A. MASEK, JR.	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)