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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

2016 JAN 30 AK 11: 5e

NAME OF CORPOR	ation: Arcang	jel Stump 1	Zemoval, Inc
DOCUMENT NUMB		P1100005	7437
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
-	Arcan 2053: Cutl cindy valu		Removal, Inc 1/E 33189 com.
For further information	concerning this matter, pleas	e call:	
		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Articles of frico	
Arcangel Stump	Removal, Inc. JAN 30 AALL
	filed with the Florida Dept. of State)
מולוריו P	101) 59 43 1
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
On Star Transport, In	The same
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20533 SW 88 AVE
(Principal office address MUST BE A STREET ADDRESS)	Cutter Bay, FL 33189
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Nume of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	existered Avent, if changing

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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_	·	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
- Nemove				
6) Change		_		
Add				
Remove				

amending or adding additional Articated Additional sheets, if necessary).	(Be specific)	
		_
		_
		_
an amendment provides for an exc	change, reclassification, or cancellation of issued snares nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	icidinent i not constant	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no nove man 20 days ager amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date 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 amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sha action was not required.	ıreholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Datec	
Signature	
(By a director, president or other officer – If directors or officers have no selected, by an incorporator – if In the hands of a receiver, trustee, or other officers.)	ot been
appointed fiduciary by that fiduciary)	ier court
and Valion te	
(Typed or printed name of person signing)	
President-our	QV
(Title of person signing)	