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18 JUL 16 AN 8: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 20 7018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Superior Service o	f Florida, Inc.	
DOÇUMENT NUM	BER: P17000098290		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Christina M Morgan		
		Name of Contact Person	1
	Superior Service of Florida,	Inc.	
	<del></del>	Firm/ Company	
	235 SR 207 #2-B		
		Address	
	Saint Augustine, Florida 320	84	
		City/ State and Zip Cod	2
	christing@oung	riorserviceonline.com	
	•	sed for future annual report	uniformi un
For further information	on concerning this matter, pleas		·
Christina M Morg			540-7155 ) de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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 Fce & Certified Copy (Additional copy is enclosed)	☐S52.56 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  ion 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to enew name of the corporation:  The new and contain the word "corporation," "company " or "incorporated" or the abbreviation of designation "Corp." "Inc." or "Ca" — I professional corporation mane must contain the association." or the abbreviation "P + "  ddress, if applicable: BE A STREET ADDRESS )  if applicable: POST OFFICE BOX)  If applicable: Christina M Morgan  235 SR 207 #2-18  [Hornda street indicess)	Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Curporation adopts the following amendment(s its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:
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The new and contain the word "corporation," "company " or "incorporated" or the abbreviation to designation "Corp." "Inc." or "Co" — 1 professional corporation name must contain the association," or the abbreviation "P 1"  ddress, if applicable:  BE A STREET ADDRESS )  If applicable: POST OFFICE BOX)  Internal and/or registered office address in Florida, enter the name of the the new registered office address:  Christina M Morgan  235 SR 207 #2-B  Hornda street interess  Saint Augustine  Florida  Florida  12084	A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company" or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Ca"—I professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P 1"  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
If any indicable:  POST OFFICE BOX:  In and/or registered office address:  Christina M Morgan  235 SR 207 #2-B  If any indicable:  Plant Augustine  The new indicaptoration in the word "corporation," "company " or "incorporated" or the abbreviation and the abbreviation in the abbreviati	The new name must be distinguishable and contain the word "corporation," "company" or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co"—1 professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P + "  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable:
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if applicable: POST OFFICE BOX:  Regent and/or registered office address in Florida, enter the name of the the new registered office address: Christina M Morgan  235 SR 207 #2-B  Horida street interess  Saint Augustine  Florida  Florida  32084	(Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable:
if applicable: POST OFFICE BOX:  Reent and/or registered office address in Florida, enter the name of the the new registered office address: Christina M Morgan  235 SR 207 #2-B  #Horida street inference  Saint Augustine  Florida  12084	(Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable:
rigent and/or registered office address in Florida, enter the name of the the new registered office address:    Agent	
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rigent and/or registered office address in Florida, enter the name of the the new registered office address:  Christina M Morgan  235 SR 207 #2-B  #Hordu street interess  Saint Augustine  Florida 32084	
the new registered office address in Florida, enter the name of the Che new registered office address:    Agent	
the new registered office address:  Christina M Morgan  235 SR 207 #2-B  #Horida street address:  Saint Augustine  Florida 32084	
235 SR 207 #2-B  #Horida street address:  Saint Augustine  #Horida 32084	new registered agent and/or the new registered office address:
235 SR 207 #2-B  #Hordustreet address:  Saint Augustine  #Horida 32084	Name of Vine Registered Agent Christina M Morgan
Saint Augustine 32084  ddress:	
. Florida	th lorula street suldress
	New Registerent Office, Address: Saint Augustine Saint Augustine Saint Augustine
	D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent
	New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Page 1 of 4

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
$\underline{X}$ Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	John E Phillips	235 SR 207 #2-B
Add			Saint Augustine, Fl. 32084
X Remove			
2) X Change	P	Christina M Morgan	235 SR 207 #2-B
X Add			Saint Augustine, Fl. 32084
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			<del>.</del>
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5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

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an amendment pro	vides for an eachs	ange reclassificati	on or concellation	of icenad charac	
rovisions for imple	menting the amen	dment if not conta	ined in the ameno	lment itself:	
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7/1/2018	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
7/1/2018	
Effective date <u>if applicable</u> :	
(no more than 90 d	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The nu by the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were so	• •
by	<u></u>
by	
☐ The amendment(s) was/were adopted by the board of directors wit action was not required.	hout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
7/1/2018 Dated  Signature  (By a director, president or other officer selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	
Christina M Morgan	
(Typed or printed name	ne of person signing)
- Aresident	
(Title of r	person signing)