## P17000199377

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

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Division of Corporations NAME OF CORPORATION: Atlantic Port Services, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Bajalia Name of Contact Person Bajalia Law Firm/Company 11512 Lake Mead Avenue, Suite 301 Address Jacksonville, FL 32256 City/ State and Zip Code mark@bajalia-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Michael Burch 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: □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Atlantic Port Services, Inc.		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P17000099377		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable;	10418 New Berlin Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 218	
	Jacksonville, FL 32226	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	304 Ware Street	
	Blackshear, GA 31516	
<ol> <li>If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres</li> </ol>		
Name of New Registered Agent Mark Bajalia	-	
11512 Lake Mead Avenue	e Suite 301	
***	reet address)	
lacksonville Fl	7256 × 37	
New Registered Office Address:	(City) Florida 73 (City)	
	T I	
ew Registered Agent's Signature, if changing Registered Agent		
hereby accept the appointment as registered agent. I am familiar		
VII Para	Registered Agent, if changing	
Signature of New R	Registered Agent, 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.

X Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Si	nith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	Р	<u></u>	Deanna Lightsey	96152 Glenwood Rd.	
Add				Yulee, FL 32097	
X Remove					
2)Change	PTS	<del></del>	William Michael Burch	304 Ware Street	
X Add				Blackshear, GA 31516	
Remove					
3)Change		_			
Add					
Remove					
4) Change		<b></b> -			
Add					
Remove					
5) Change		_			
Add		-			
Remove					
۵) د د					
6) Change	·	-			
Add					
Ramova					

(Att	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	·	
<del>,</del> -	· · · · · · · · · · · · · · · · · · ·	
<u>If ar</u>	f an amendment provides for an exchange, reclassification, or cancellation of issued shares	1
pro	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Elective date ir applicable.	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date volument of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
April 18, 201 Dated		
Signature	MB -	
(By a dire selected.	ector, president or other officer—A directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
W	/illiam Michael Burch	
_	(Typed or printed name of person signing)	
Pı	resident 3 MB	
	(Title of person signing)	