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### **COVER LETTER**

Division of Corporations Tree Specialists Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code For further information concerning this matter, please call: 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 Certificate of Status Certified Copy Certified Copy (Additional copy is

enclosed)

### Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

# Articles of Amendment

to

# Articles of Incorporation of

Forrest Brothers	Tree Specialists, Corp
+18000078	tion as currently filed with the Florida Dept. of State)
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX SE T
	27 AN OP
	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
Hen Registered Office Huaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sia	mature of New 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	P Atef Mikhiel	229 S. Grandview A
Add		Daytona Beach, #
Remove		10 50118
2) X Change	VP Anthony Brooks	229 S. Grandview
Add	J torrest	Laytona Beach, FC
Remove	1/A Achlay Tiplichac	30118 77015 (mad 40, 10)
3) X Change	VP Ashley Fletcher	229 S. Crand Mew Hy
Add	DUTES	INTON BEACH, TL
Remove		52118
4) Change		<del></del>
Add		<del></del>
Remove		
5) Change		
Add		
Remove		<del></del>
6) Change		
Add		<del></del>
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	·			
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassific	ation, or cancell ntained in the a	ation of issued mendment itsel	<u>shares.</u> f:	
(if not applicable, indicate N/A)				_	
<del></del>				<u> </u>	

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,	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, 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 amendment by the shareholders was/were sufficient for approval.	endment(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 s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharel action was not required.	holder
Dated	
Signature Oshley A Donos	
(By a director, president by other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	ther court
Ashleu F. Dones	
(Typed o) printed name of person signing)	
President	
(Title of person signing)	