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COVER LETTER

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ATION: S & J Roll Off, Inc		
'	ER: P19000034743		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corresp	nondence concerning this mat	ter to the following:	
1	Kelly L. Butler		
-		Name of Contact Person	
۱,	S & J Roll Off, Inc.		
-		Firm/ Company	
1	P.O. Box 416		
-	- '	Address	
1	Port St. Joe. Fl 32457		
_		City/ State and Zip Code	
sjrollo	ff@gmail.com		
	E-mail address: (to be us	ed for future annual report r	notification)
For further information	concerning this matter, please	e call:	
Kelly L. Butler	f Contact Person	at (890-8486
Name o	f Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depar	tment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Division Clifton 2661 Ex	Address ment Section n of Corporations Building recutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

S & J Roll Off, Inc.			
(Name o	of Corporation as curren	tly filed with the Florida Dep	t. of State)
P19000034743			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
NO CHANGE			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address,	if annlicable:	Kelly L. Butler	
(Principal office address MUST BE A S		1911 Long Ave	
		Port St. Joe, Fl 32457	•
C. Enter new mailing address, if applicable: (Mailing address; MAY BE A POST OFFICE BOX)		Kelly L. Butler	1.12: 14
1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		P.O. Box 416	÷
		Port St. Joe, Fl 32457	
D. If amending the registered agent an new registered agent and/or the new			me of the
Name of New Registered Agent			
	1911 Long Ave.		
		street address)	22.457
<u>New Registered Office Address:</u>	Port St. Joe	//**	_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position.
	Signature of New	Registered Agent, if changing	<u></u>

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 = V ice 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 Jo	ohn Doe	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Shannon M. Oberley	7910 Riley Road
Add			Southport, FL 32409
XX Remove			
2) Change	V	Joshua K. Oberley	7910 Riley Road
Add			Southport, FL 32409
XX Remove			
3) Change	<u>P</u>	Kelly L. Butler	1911 Long Ave.
XXAdd			Port St. Joe, FL 32456
Remove			
4) Change	<u>v</u>	Shawn T. Butler	1911 Long Ave.
XXAdd			Port St. Joe, FL 32456
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	or adding additional Articles, enter change(s) here: onal shcets, if necessary). (Be specific)
•	
	
	
If an amendn	nent provides for an exchange, reclassification, or cancellation of issued shares,
provisions to	or implementing the amendment if not contained in the amendment itself:
(ij not aj	oplicable, indicate N/A)
	1
-	

08-27-2019	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
08-27-2019 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
action was not required.	
08-27-*2019 Dated	
Signature (By a director, president prother officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Kelly L. Butler	
(Typed or printed name of person signing)	<u></u>
President \(\square\)	
(Title of person signing)	