## P200000 49382

| (Fi                     | Requestor's Name)       |
|-------------------------|-------------------------|
| (A                      | address)                |
| (A                      | Address)                |
| (0                      | City/State/Zip/Phone #) |
| PICK-UP                 | MAIL MAIL               |
| (E                      | Business Entity Name)   |
| (C                      | Ocument Number)         |
| Certified Copies        | Certificates of Status  |
| Special Instructions to | o Filing Officer:       |
|                         |                         |
|                         |                         |
|                         |                         |



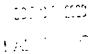


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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO           | RATION: ALLISON ENVIR  | ONMENTAL SERVICE II   | NC   |
|-------------------------|--|---|--|
| DOCUMENT NUM            | 625000007383   |   |  |
| The enclosed Articles   | s of Amendment and fee are su                                      | bmitted for filing.   |  |
| Please return all corn  | espondence concerning this ma                                      | tter to the following:  |  |
|                         | Leonard B Allison  |   |  |
|                         |  | Name of Contact Persor  | 1  |
|                         | ALLISON ENVIRONMENT  | AL SERVICE INC  |  |
|                         |  | Firm/ Company   |  |
|                         | 18420 HANCOCK BLUFF F  | (I)   |  |
|                         |  | Address   | <del></del>  |
|                         | DADE CITY, FL 33523  |   |  |
|                         |  | City/ State and Zip Code  | 3  |
| For further information | E-mail address: (to be use on concerning this matter, please       | sed for future annual report se call:                             | notification)  |
| Leonard                 | B Allison II of Contact Person                                     | at ( <u>SJ3</u>   | de & Daytime Telephone Number  |
| Enclosed is a check t   | or the following amount made                                       |   |  |
| S35 Filing Fee          | S43.75 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) |
| An<br>Div               | niling Address nendment Section vision of Corporations D. Box 6327 | Amend<br>Divisio  | Address Iment Section on of Corporations entre of Tallahassee                          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ALLISON ENVIRONMENTAL SERVICE INC

| (Name of Corporation as currently file  | ed with the Florida Dept. of State)               |                  |
|---|---|------------------|
| P20000049382  |   |                  |
| (Document Number of Co  | rporation (if known)                              |                  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:   | rida Profit Corporation adopts the following      | g amendment(s) t |
| A. If amending name, enter the new name of the corporation:   |   |                  |
|   |   | _The new         |
| name must be distinguishable and contain the word "corporation," "com,<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A pr<br>"chartered," "professional association," or the abbreviation "P.A." |   |                  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |   | <del></del>      |
| -   |   | 2020             |
| -   |   | <u> </u>         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   | <b>~</b>         |
| muning dauress MAT BL. AT OST OTTICE MON  | ,   |                  |
| <del>-</del>  | <del> , .</del>                                   | <del></del>      |
| -   |   | 1:10:21          |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:   | in Florida, enter the name of the                 | ದು               |
| Name of New Registered Agent  |   | -                |
|   |   | _                |
| (Florida street o   | address)  |                  |
| New Registered Office Address: (Cit   | y) Florida // // // // // // // // // // // // // | Code)            |
| (CII)   | y) (ZIP C   | . ode)           |
| New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with   | and accept the obligations of the position.       |                  |
|   |   |                  |
| Signature of New Regis  | stered Agent, if changing                         | _                |
|   |   |                  |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

(Anach 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 Doc 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 Doe            |                        |
|-------------------------------|--------------|---------------------|------------------------|
| X Remove                      | <u>v</u>     | Mike Jones          |                        |
| X Add                         | <u>sv</u>    | Sally Smith         |                        |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>         | Address                |
| 1) Change                     | VP           | Jeannette M Allison | 18420 HANCOCK BLUFF RD |
| X Add                         |              |                     | DADE CITY, FL 33523    |
| Remove                        |              |                     |                        |
| 2) Change                     |              | <del>_</del>        |                        |
| Add                           |              |                     |                        |
| Remove 3) Change              |              |                     |                        |
| Add                           |              |                     |                        |
| Remove                        |              |                     |                        |
| 4) Change                     |              |                     |                        |
| Add                           |              |                     |                        |
| Remove                        |              |                     |                        |
| 5) Change                     |              |                     |                        |
| Add                           |              |                     |                        |
| Remove                        |              |                     |                        |
| 6) Change                     |              |                     |                        |
| Add                           |              |                     |                        |
| Remove                        |              |                     |                        |
| Kemove                        |              |                     |                        |

| amending or adding additional Art stach additional sheets, if necessary). | (Be specific)  |   |
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| f an amendment provides for an exc  | hange, reclassification, or cancellation of issued shares, |   |
| provisions for implementing the ame                                       | endment if not contained in the amendment itself:          |   |
| (у пол аррасияе, такие гля у  |  |   |
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| 08/30/20   |   |
|--|---|
| The date of each amendment(s) adoption:date this document was signed.  | , if other than the   |
| Effective date if applicable:  |   |
|  | ore than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not mee document's effective date on the Department of State's | the applicable statutory filing requirements, this date will not be listed as the records.              |
| Adoption of Amendment(s) (CHECK)   | <u>one</u> )  |
| The amendment(s) was/were adopted by the incorpaction was not required.                                      | orators, or board of directors without shareholder action and shareholder                               |
| ☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv         | olders. The number of votes cast for the amendment(s)   |
| The amendment(s) was/were approved by the share must be separately provided for each voting group            | holders through voting groups. The following statement entitled to vote separately on the amendment(s): |
| "The number of votes east for the amendment  | (s) was/were sufficient for approval  |
| by   |   |
| (voting gro  | up)   |
| 08/30/20<br>Dated  | <del></del>   |
| · · · · · · · · · · · · · · · · · · ·  | other officer if directors or officers have not been  |
| appointed fiduciary by the   | or – if in the hands of a receiver, trustee, or other court<br>t fiduciary)                             |
| Leonard B Allison  |   |
| (Typed   | or printed name of person signing)  |
| President  |   |
| (Title o   | f person signing)   |