P2000088968

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(De	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
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12/11/20



COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: nail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment Articles of Incorporation

FILED

CORES F	PLUS RECYCLERS INC	2020 DEC 11	PM 4: 50
(Name of Corporation	as currently filed with th	he Florida Dept. of	State)
Р	20000088968	SECRETAR	Y OF STATE ASSEF. FL
(Document	t Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit	Corporation adopt	s the following amendment(s
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "corpo" "Inc" or Co.," or the designation "Corp," "Inc." o "chartered," "professional association," or the abbrevia	ir "Co". A professional	"incorporated" or t l corporation name	he abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	F55)	<u> </u>	
(Principal office dadress <u>SIOST BE A STREET ADDRI</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	l office address in Florid fice address:	a, enter the name o	of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, FI	lorida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	t <u>ered Agent:</u> am familiar with and acce	pt the obligations o	f the position.
Signate	ure of New Registered Age	ent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (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:

(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> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u> _	Charles Reid	3609 E. Hillsburough AVE.
Add			Tampa, F1.33610
Remove 2) Change	P	Charles Reid	3609 E. Hillsborough Ave
Add			Tampa F1. 33610
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary). (Be specific)	
•		
_		
		•
<u>l an amendr</u>	ment provides for an exchange, reclassification, or cancellation of	issued shares,
provisions fo	or implementing the amendment if not contained in the amendme	ent itself:
(if not ap	pplicable, indicate N/A)	
		
•		·

•

The date of each amendment(s) adoption:	-8-1020 , if other t	than the
Effective date <u>if applicable</u> :		
(no mo	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's r	the applicable statutory filing requirements, this date will not be listed records.	d as the
Adoption of Amendment(s) (CHECK Q)	<u>NE</u>)	
The amendment(s) was/were adopted by the incorpor action was not required.	ators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en		
"The number of votes east for the amendment(s	s) was/were sufficient for approval	
by(voting group	, ^{,,,}	
(voting group	p)	
Dated 12-8-202 Signature Charles Re	0	
Signature Charles Re	eO	
(By a director, president or o	other officer – if directors or officers have not been r – if in the hands of a receiver, trustee, or other court	
Charly (Typed o	es Rei d or printed name of person signing)	
Secre-	person signing)	
(**************************************	(G. G.	