## Pa300014357

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

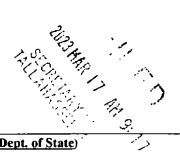
NAME OF CORPORATION: HOSKINS SEP	vices Inc.		
DOCUMENT NUMBER: <u>P2300014337</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	ne following:		
Billy Hoskins	S		
	e of Contact Person		
	res Inc		
	Firm/ Company		
<u> Mu W Halifax</u>	HVE		
العربين وم	Address		
OUK HIT FLOW	1da 32759		
City/	State and Zip Code		
E-mail address: (to be used for fi	USQUO NOD COM uture annual report notification)		
For further information concerning this matter, please call:			
Billy Hoskins	at (321) 2972-48-80		
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:		
Certificate of Status Cer (Add	3.75 Filing Fee & S52.50 Filing Fee tified Copy ditional copy is closed)		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Roy 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **Articles of Amendment** to Articles of Incorporation



63
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## HOSKINS SERVICES INC. (Name of Corporation as currently filed with the Florida Dept. of State) P 2300014337

(Document Number of Corporation (if known)

nt(s) to

A. If amending name, enter the new name of the corporation	<u>:</u>	
N A  name must be distinguishable and contain the word "corporation,		The ne
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corpor	orated" or the abbreviation "Corp. ration name must contain the wo
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	
C. Enter new mailing address, if applicable:	4.10	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA	
D. If amending the registered agent and/or registered office a	address in Florida, enter	the name of the
new registered agent and/or the new registered office add		the name of the
Name of New Registered Agent	NA	
	a street address)	
(Florid		
(Florida	NIA	P1: 4-
(Florida New Registered Office Address:	N A (City)	, Florida(Zip Code)
(Florida New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famili	(City)	

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:

(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.

Example: X Change	PT Johr	n Doe	
X Remove	<u>V Mik</u>	e Jones	
_X Add		y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	TR	Gabriel Wall	1570 Arr Park Rd
_X_ Add			Edgewater FL 3213
Remove			<del></del>
2) Change			
Add			<del></del>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

in amendment provides for an exchange, reclassification, or cancellation ovisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	A
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ovisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	of issued shares,
	<u>nent itself:</u>
NIA	
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The date of each amendmen date this document was signed		March	10th 202	.3	, if other than th
v					
Effective date <u>if applicable</u> :		(no more than 9	0 days after amend	lment file date)	
Note: If the date inserted in document's effective date on t			cable statutory fili	ng requirements, this	date will not be listed as th
Adoption of Amendment(s)	( <u>CH</u>	IECK ONE)			
The amendment(s) was/we action was not required.	re adopted by the	incorporators, or	board of directors	without shareholder ac	tion and shareholder
☐ The amendment(s) was/we by the shareholders was/w			e number of votes	cast for the amendmen	u(s)
☐ The amendment(s) was/we must be separately provide					ment
"The number of vote	s cast for the amer	ndment(s) was/we	re sufficient for ap	proval	
by	(voti	ing group)			
	uch lo 2	1023			
Sc	ly a director, presi	orporator – if in th	e hands of a receive	officers have not beer er, trustee, or other co	
44			KINS name of person sig	gning)	
		PY (S) C)T	gning)		