P92000007768

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COVER LETTER

TO:	Amendn	ent	Section	
	Division	of C	Corpora	tions

AME OF CORPORATION: D & S PALLETS INC OCUMENT NUMBER: P92000007768
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
ASHLEY COOPERSMITH
Name of Contact Person
D & S PALLETS INC
Firm/ Company
PO BOX 18019
Address
CLEARWATER FL 33762
City/ State and Zip Code
ashley@dns-pallets.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
SHLEY COOPERSMITH at (727) 540-0061
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

S35 Filing Fee

Amendment Section
Division of Corporations
P.O. Box 6327

□\$43.75 Filing Fee &

Certificate of Status

Tallahassee, FL 32314

Street Address

☐\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

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AH Q:

Articles of Amendment to Articles of Incorporation of

D & S PALLETS INC

D & STABLETS INC				
(Name of Corpor	ration as currently filed w	ith the Florida Dept. of State)		
P92000007768				
(Do	ocument Number of Corpora	ation (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation adopts the fo	llowing amendme	ent(s) to
A. If amending name, enter the new name of th	e corporation:			
-			The new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I chartered," "professional association," or the al	lnc," or "Co". A profess	" or "incorporated" or the abbi- ional corporation name must	reviation "Corp.,"	••
B. Enter new principal office address, if applica	able:			
(Principal office address MUST BE A STREET)	1DDRESS)	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROV)			
(maining dauress <u>may be at our or tree</u>	<u> </u>			
D. If amending the registered agent and/or regi		lorida, enter the name of the	202 SE	
new registered agent and/or the new register	red office address:		2023 MAY SECRET TALLA	-7
Name of New Registered Agent	 			ermi Çant
			15 15	1
	(Florida street addres	is)	<u>%</u> 9	}
New Registered Office Address:		, Florida	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	-
	(City)		(Zip €otte) & ™	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered ager	it. I am familiar with and e	accept the obligations of the pos	sition.	
S	ignature of New Registered	Agent, if changing		
Charle if applicable				

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	ASHLEY COOPERSMITH	12195 46th STREET NORTH
X Add			CLEARWATER FL 33762
Remove			
2) Change	Р	DOMINICK DEVIVO	1190 IRENE AVE
Add			LARGO FL 33771
X Remove 3) Change	VP	DOMINICK DEVIVO	1190 IRENE AVE
Add			LARGO FL 33771
X Remove			
4) Change	VP	DONNA DEVIVO	1190 IRENE AVE SEC
Add			LARGO FL 33771 日前 日
X Remove			HAIR O
5) Change			- 30 % 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Add			FA &
Remove			
6) Change			
Add			
Remove			



The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the am sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Durant 5	- 9 · 23	
selec	Labelly Cooperant director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or officer have	
	ASHLEY COOPERSMITH	
	(Typed or printed name of person signing)	
	PRESIDENT	S N
	(Title of person signing)	723 F

FILED

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ECRETARY OF STATE

TAILLAHASSEE, FL