### Florida Department of State

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Email Address: Catherine Foreman @bellsouth net

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BRESNAK SERVICES, INC.

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Bresnak Services, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary Bresnak Name of Contact Person Bresnak Services, Inc. Firm/ Company 903 Easy Street Address Fort Pierce, FL 34982 City/ State and Zip Code catherineforeman@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Catherine Foreman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 335 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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# Articles of Amendment to Articles of Incorporation of Bresnak Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:	,	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		
(Malling address <u>MAY BE A POST OFFICE BOX</u> )	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florids, enter the name of the	
Name of New Registered Agent		
(Florida street a	ddress)	
New Registered Office Address: (City	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the second second control of the second	and accept the obligations of the pos	ition.
Signature of New Regis.	tered Agent, if changing	

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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 officeridirector 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	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	Address	
1) Change	a		Catherine Curtis Foreman	7211 West Cypresshead Drive	
X Add				Parkland, FL 33067	
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove			•		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
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6) Change			` <u>`</u>	,	
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Remove					

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if a	ovisions for implementing the amendm	reclassification, on the state of the state	r cancellation of i	ssued shares. t itself:	
if a	ovisions for implementing the amendm	reclassification, on the second secon	r cancellation of i	sued shares, t itself:	
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05/26/2015	
The date of each amendment(s) adoption:	her than the
date this document was signed.	
05/26/2015	
Effective date if applicable:	
(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 not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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"	
by"  (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.	
05/26/2015	
Dated	
Signature Gas Bruke	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Gary Bresnak	
(Typed or printed name of person signing)	
President	
(Title of person signing)	