## P93000056804

(Re	equestor's Name)				
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bı	usiness Entity Name)				
(Do	ocument Number)				
Certified Copies	Certificates of Status				
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15 JUL 14 AM ID: 41

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Petroquip Service, = 930000 56804	Tnc Sign 5
DOCUMENT NUMBER: P	30000 56804	——————————————————————————————————————
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Jam	Name of Contact Person  OQUIP Service, Inc  Firm/Company  N. W. 39th Road  Address	Sallivan
<del></del>	Name of Contact Person	
<u>Petr</u>	OQUIP Service, Inc	
	Firm/ Company	
54	5 N.W. 39th Road	
	Address	
_ Ga	Address  in esulle, Fl. 3260  City/ State and Zip Code	7
	City/State and Zip Code	
	ress: (td be used for future annual report notification	
For further information concerning this	s matter, please call:	
James K. Sulli	1AN at (352 ) 663	5-3885 od 352-381-9/62
Name of Contact Perso	n Area Code & Dayti	me Telephone Number
Enclosed is a check for the following a	umount made payable to the Florida Department of	State:
	te of Status Certified Copy Certifi (Additional copy is Certifi enclosed) (Addit	O Filing Fee cate of Status ed Copy cional Copy losed)
Mailing Address	Street Address	

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

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

## **Articles of Amendment** to

Articles of In	ncorporation
	of 5
Petroauip ser	vice Inc.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P930000	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the corporation:	
N/A	The new
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or $Co.$ ," or the designation "Corp," "Inc," or	
word "chartered," "professional association," or the abbreviation	, "PΔ"
	Dorothy J. Sullivan 545 N.W. 39th Road Garnasville, Fl. 32607
B. Enter new principal office address, if applicable:	Dorottig 4.
Principal office address <u>MUST BE A STREET ADDRESS</u> )	545 N.W. 39th Road
	( ) 27/07
	Gornesville, Fr. 58601
C. Enter new mailing address, if applicable:	, ,
(Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	ess:
Name of New Registered Agent  Name of New Registered Agent	
Name of New Negationea Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
hereby accept the appointment as registered agent. I am familia	
_	$\Gamma I \Lambda$
<i>r</i>	Registered Agent, if changing

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	John D	<u>Ooe</u>	
X Remove	<u>v</u>	Mike J	lones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		Name	Address
1) X Change	VT	<del>.</del>	James K Sullivan	545 N.W. 39 th Road Garnesville, Fl. 32607
Add				Gainesville, Fl. 32607
Remove				
2) <b>X</b> Change	<u>PS</u>	, 	Dorothy J. Sallivan	545 N.W. 39th Road Gainesville, F1. 32607
Add				Gainesville Fl. 32607
Remove				
3 ) Change	<del></del>			
Add				
Remove				
4) Change		<u></u>	\ <u>\</u>	
Add				<del></del>
Remove				
5) Change	44.84			
Add				
Remove				<del></del>
6) Change			<del></del>	<del> </del>
Add				<del> </del>
Remove				

7

If amending or adding additional Artic (Attach additional sheets, if necessary).	
<del> </del>	
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	•
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If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	dment if not contained in the amendment itself:
	ip of Petroquip Service, Inc. has been
	rtitles have been changed as follows
	ties for James Kent sullivan has been
	ident and Treasurer and Stock ownership
	LUAN is now 4900 of common stock.
	ities for Dorothy Jean Sullivan are
resident and secr	etary and Stock ownership has bee

The date of each amo	endment(s) adoption: _ s signed.	July	12+	2015		_, if other than the
Effective date <u>if appl</u>	icable:					··
		(no more than 90	days after d	amendment file da	ite)	
	erted in this block does late on the Department o		ble statutor	y filing requireme	ents, this date will i	not be listed as the
Adoption of Amenda	nent(s) ( <u>C</u>	HECK ONE)				
	was/were adopted by the s was/were sufficient for		number of v	votes cast for the a	mendment(s)	
	was/were approved by the provided for each votin					
"The number	of votes cast for the ame	endment(s) was/were	sufficient f	or approval		
by	N/A	oting group)		»		
<u></u>	(ve	oting group)				
☐ The amendment(s) action was not requ	was/were adopted by the ired.	e board of directors w	vithout shar	eholder action and	i shareholder	
The amendment(s) action was not requ	was/were adopted by the ired.	e incorporators witho	ut sharehol	der action and sha	reholder	
Dat	ed July 1,	2015		. 1		
Sign	nature	uls Kont	Su	Uman		_
		sident or other office				
		ry by that fiduciary)	nanus or a	receiver, musice, o	or other court	
	Jan	nes Kent (Typed or printed na	Sul	(ivan		
		(Typed or printed na	ame of pers	on signing)		
•		lice Pres	siden	t, Treas	vrer	
		(Title of	person sig	ning)		